

Suburban Life

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OF 11

Enuresis

Bed-wetting is symptom that something else is wrong

By Susan Duck
staff writer

IF SCHOOL-AGE Johnny or Jenny is still wetting the bed at night, statistics show Mom or Dad probably did the same thing when they were youngsters.

Since the 1940s, some experts have said that "enuresis" — involuntary bed-wetting — is caused by a profoundly deep sleep pattern. But physicians and others differ on whether the deep sleep is an inherited factor or the bed-wetting itself is the inherited factor.

"There's a strong genetic link associated with bed-wetting," said Dr. Claude Reitelman, a pediatric urologist at Detroit's Children's Hospital. "Some research combines three related symptoms that are of sleep enuresis, sleep walking and night terrors."

"Our experience shows any child may exhibit all three or any combination of the three," said Barbara Moore, founder of Enuresis Treatment Center in Farmington Hills, whose own daughter, now-grown, was a bed-wetter.

THE CENTER, in existence 12 years, recently moved to 28275 Orchard Lake Road, thus combining offices in Birmingham, Livonia and Dearborn.

The center's treatment is a bio-feedback, physio-behavioral method of changing the enuretic's deep sleep pattern into the more typical pattern of the non-bedwetter. The center treats adults as well as children, and more boys than girls.

Both Reitelman and Dr. Evan Kass, a Beaumont pediatric urologist against simplifying bed-wetting as a sleep disorder.

"Bed-wetting is a collection of problems," said Kass. "Some bed-wetting is tied into a physical problem while for others bed-wetting is a developmental delay."

Kass said a complete physical examination with urinalysis should be

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performed first to rule out a medical problem.

In general, six months after a child has achieved day control, night control follows, Moore said. This is usually about age four, she said.

"Bed-wetting is not a disease but a symptom," Reitelman said. "Compare it to a cough. It's a sign that something else is wrong, like a small bladder or overproduction of urine at night, he said.

IT DOESN'T take long after a child reaches the age of reason for the bed-wetter to realize other children don't wet. Kids become anxious when they can't go to camp or sleepovers.

"We had one lady, 31 years old, who is now totally dry," Moore said. The woman's father wet the bed until he was 21, her brother wet until he was 20, she said.

In one family all four boys wet, in another family just one child has the problem, Moore said.

Sleepwalking bed-wetters, don't even wake up and don't remember anything the next morning.

"They urinate in a dresser drawer or in a corner," Moore said. "For years one family blamed the puddle in a corner on their cat."

Moore blames part of the problem on a weak lock muscle at the end of the bladder that doesn't realize when it is full. Some people wet the bed three or four times a night.

Bed-wetting's physical side is compounded by emotional difficul-

ties. Some parents severely embarrass their children. One parent sent a son to school with his wet underwear under his cap, Moore said.

"We use no medical tests, no drugs and no surgery," Moore said. The five-member staff, also made up of nurses, psychologists and social workers use techniques of bladder redevelopment and strengthening exercises to reinforce the urinary system.

According to Moore, who boasts a 99.95 percent success rate, treatment varies between five to eight months.

"One needs to be open-minded," Reitelman said. "One therapy is not good for everybody. Twenty percent of five-year-olds still wet their beds. Fifteen percent of those bed-wetters at age 5 will experience resolution."

IN SHORT, as Kass said, they'll grow out of it.

Some behavioral programs have a 50 percent dropout rate because these programs are very labor-intensive, Reitelman said. "Parents and child get tired very easily."

Moore criticizes the use of medication like Tofranil (imipramine), an anti-depressant which she said elevates the sleep but has side effects in some cases, like dizziness, headaches, stomachaches and lethargy. The drug cuts down on the production of urine and children don't sleep as deeply.

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Charter House

2 troubled nursing homes have new experienced leader

By Susan Duck
staff writer

Alexander (Sandy) Spiro Jr., head

of Charter Care of Farmington Hills, learned the nursing home industry from the ground — uh, make that the floor — on up.

At 13, he mopped the floors week-ends and after school at previously family-owned University Convalescent and Nursing Home in Livonia.

He also worked in the kitchen and laundry, performed maintenance, worked as an orderly and admission coordinator, and did payroll, book-

keeping and administration.

My family has been involved in the nursing home business for over 30 years," Spiro said. The Spiro family also once owned Livonia's Dorwin Convalescent & Nursing Center Inc.

His father, a son of a son, Mr. 12, has since times members at the Novanur in Livonia who Spiro also owns.

CHARTER CARE Corp. took over ownership last the summer of two local nursing homes. Charter House of Farmington Hills, originally called Williamsburg, a 112-bed nursing home at 21017 Middlebelt Road, and the Charter House of Novi, a 114-bed facility at 24300 Meadowbrook Road, which was previously called Novi Care Center.

Charter Center of Michigan Inc. in Farmington Hills and its seven subsidiaries had filed for Chapter 11 reorganization to try to sell the nursing homes.

It was the opportunity of a lifetime, Spiro said. Farmington Hills resident and his purchase of Charter Care Corp. will have additional nurses and nursing assistants, increase employee training and make improvements in the appearance and condition of both nursing centers.

"It was his intent to list specific planned improvements this early in the restructuring, but said that he would also like to improve the ventilation system."

As a nursing unit, he said, "The majority of the staff was retained," he said.

"I think the real issue in increasing the staff is in increasing wages," said Marsha Douglas, the four-year administrator. "We're competitive now and we were not prior to the ownership change."

Educational tuition reimbursement and professional development is part of the employees' fringe benefit package, Spiro said.

"We have a full-time in-service in structure on staff," he said. In-service training now will be three weeks one additional week.

'Regarding nursing home care later in life, there's more alternatives for seniors to choose from. We're a medical care facility.'

— Alexander Spiro Jr.

GOING THROUGH the bankruptcy experience for almost two years was not without its challenges, said Spiro. "I had to be very patient and wait for the right opportunity for the two nursing homes to be sold to the right owner."

Some 108 of the 112 rooms at the Hills facility are filled. All but two are semi-private. The facility was built in 1969. The average cost per day for a semi-private room is \$115.

The average cost per day for a private room is \$135. The facility has 17 nursing units and 100 private rooms.

From 1982 to 1987, Spiro was president of E.J. Spiro & Sons Inc., a family-owned business in Mt. Clemens, 48089-90.

He also was a consultant to U.S. Rep. Carl P. Pataki, a 1988-89 for matters relating to the nursing home industry.

In addition, Spiro is a member of the Michigan Nursing Home Association and is a member of the Michigan Nursing Home Association.

Spiro is a 1966 graduate of Livonia Bentley High School and a 1972 Schoolcraft Community College graduate. He has a master's degree in business administration from Wayne State University.

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ALEXANDER SPIRO JR.

Alexander Spiro Jr., whose family has been in the nursing home business for more than 30 years, is the new owner of Charter

House in Farmington Hills and in Novi. Known as Sandy, he started working in nursing homes when he was 13 years old.