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BED WETTING

Treatment offers hope for chronic bed-wetters

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SPECIAL WRITER

Enuresis is a difficult word for some to pronounce, but for many it is also a difficult condition to discuss. However, a local woman is encouraging the discussion because talking is one step toward curing enuresis, or involuntary urination.

Barbara Moore, director and founder of the Enuresis Treatment Center in Farmington Hills, claims to have helped a variety of people stay dry since opening the facility 25 years ago. With the help of ever-improving technology, she has even reached people who live outside the United States via the Internet.

"We treat children and adults all over the world - Russia, Japan, Germany and England," she said. "These are very bright people. I have treated one teenager in Russia who speaks five languages, but she just couldn't get any help with the bed-wetting."

Defining enuresis

Enuresis afflicts people in two ways: nocturnal enuresis, or primary enuresis, which accounts for 76 percent of enuretics and occurs in people over 5 years of age who were never toilet trained at night; or



Barbara Moore works with families dealing with enuresis.

STAFF PHOTO BY BILL BREWER

secondary enuresis, which describes enuretics who were completely toilet trained for more than six months.

The cause of enuresis is debatable. Moore, who admits her theories are steeped in research, trial and error, insists that bed-wetting is not a psychological disorder. She attributes the wetting to "an inherited sleep disorder which can be triggered by intense stress."

Dr. Bassam Bashour, a Henry Ford Hospital pediatric nephrologist for 23 years, disagrees. He argues there are a number of reasons someone becomes enuretic, including a troubled psychosis. First, he looks at an enuretic's medical condition. If tests do not point to infection or kidney disease, then he looks at an enuretic's behavioral, emotional and psychological well-being, as well as the family tree.

"Only 60 percent of the primary patients have the gene in the family," he said.

Identified as the 12 and 13 Q-chromosome, the sleep disorder gene strikes males harder than females, a ratio of 60-to-40. The genetic disorder causes people to fall into such a deep sleep that they cannot wake up. Moore said it is the same disorder that leads to sleep apnea, sleep walking and night terrors.

"Without the disorder, you could not sleep that deeply even if you tried," she explained.

Moore and Bashour also disagree over the role maturity plays in enuresis. Moore tells clients from the beginning that the disorder does not go away as people grow older, unless they adjust their sleep pattern. Her team of teachers, certified nurses and psychologists focuses on teaching people how to manipulate the sleep pattern to stay dry.

Bashour, on the other hand, believes people naturally change their sleep pattern as they mature, often self-correcting the problem. He admits, however, that if they are not dry by age 5, it is prudent to look at sleep patterns as well as diet.

Talking about primary enuretics, Bashour said "up to 20 percent of children will continue (to wet the bed past the age 5). But 50 percent of the 20 will be dry by age 7. Less than 1 percent will continue with the problem as an adult."

Fixing a problem

Denise (last names have been omitted for privacy) refused to let her son be part of the uncured class of patients. She had Benjamin, 9, tested at Children's Hospital in Detroit, but came up empty-handed. Desperate for a cure, Denise, a nurse, and her husband, a minister, allowed Benjamin to take DDAVP (Desmopressin Acetate,) a nasal spray touted to stop bed-wetting.

"It's supposed to stop it, but it didn't. It only slowed it down and we were concerned about the side effects. It can cause nose ulcers," said the Detroit mother.

For years, they restricted Benjamin's fluids and woke him up three times a night to use the bathroom, but nothing worked for the 4.0 honor student who continued to wet the bed three or four times a night.

"We were at our wits end," said Denise.

Her husband turned to the Internet for help. He found www.drybed.com, the Enuresis Treatment Center's Web site page.

"We figured what did we have to lose. I was keeping the laundry folks in business and no one was getting any sleep except for Benjamin," she said.



After two months of treatment, Benjamin had fewer accidents. After five months, Benjamin went one week without any accidents. He graduated from the program last July after 13 months of treatment.

Moore boasts that her program maintains a 95 percent success rate without intrusive physicals or medication.

"We work with muscle control and bladder development," she said. "We go to the core of the problem."

Medication not an answer

Bashour agrees that medication, which only cures the symptoms, should be avoided. Aside from the fact that medication only masks a problem, he is concerned that medication can jeopardize an enuretic's health. DDAVP has killed at least two people.

Other commonly prescribed treatments are Imipramine, an antidepressant that only works for 50 percent of the people as long as they take it (60 percent experienced a reoccurrence when they stopped

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