

Bed Wetting from page D4

taking the medication), alarm therapy and shock therapy, which are designed to wake enuretics so that they can use the bathroom.

"Alarm therapy does not work if it wakes up everyone in the house except the enuretic, and shock therapy is a little drastic," said Bashour.

If the wetting is not attributed to a medical condition or genetics, Bashour opts for behavior modification, or changing the situation that causes children to wet the bed, and implementing a rewards system.

"For instance, if there has been a family crisis and the child is being neglected emotionally, we modify the behavior of the parents," he said.

Behavior modification may also include changing diet. Bashour recommends that enuretics avoid high-salt and caffeinated items four to six hours before bed since they cause people to drink more fluids.

While treatment at the Enuresis Center averages six months for children 8-9 years old, longer for those who are older, Dr. Bashour is happy if his patients are dry for two months. "I'd prefer three, but I'll take two."

Appointments with Moore and Bashour are done every couple weeks after the initial visit or two. Patients at the Enuresis Treatment Center can expect to pay \$75 for the first appointment, but fees after that range in price depending on the type of treatment. Treatment is not covered by insurance. On the flip side, treatment with Bashour is often covered through insurance.

How it began

Moore was inspired to open the center by her daughter, who began wetting the bed at age 6.

"I was just so frustrated because I couldn't find anyone to help her. The pediatrician just kept saying she will outgrow it," she said. In the meantime, her daughter's self-esteem was decreasing and it began to affect her schooling.

According to Moore, people who wet the bed "feel a lot of shame. They feel different and think they are the only one who wets the bed."

In reality, Moore estimates that bed-wetting affects millions of Americans, both children and adults. With few treatment options and the continued inheritance of the sleep disorder gene, she expects the number will continue to rise.

For her part however, Moore offers hope to another generation of victims.

"We are now seeing parents who were treated here bringing their children here," she said.

Experts say bed wetting is a common problem

Bed-wetting, also called enuresis, is a common problem in children, especially in boys. An estimated 5 to 7 million children in the United States wet their bed on a regular basis, according to the National Kidney Foundation. Unfortunately, shame and embarrassment is a frequent by-product of the problem.

The NSF takes the stance that bed-wetting is usually not an emotional, learning or behavioral problem. Children do not wet the bed on purpose. However, children who do not get help for the problem or who are punished for bed-wetting are at risk for emotional or behavioral problems.

The NSF answers the following questions:

1. When is bed-wetting a problem?

Most children stop wetting the bed at night by the time they are 4 or 5. Children who continue to wet should be assessed by a pediatrician or family doctor. In some cases bed-wetting occurs with daytime wetting and/or bowel problems. This may be a sign of more serious problems. Since infection of the urine can cause wetting in a few cases, every child with wetting needs to be checked.

2. What causes bed wetting?

In most cases, bed-wetting

may be due to one or more of the following reasons:

■ The child does not awaken when the bladder is full.
■ Some children produce more urine during sleep than others.
■ Other children have bladder that do not hold as much urine.

Physical problems are uncommon causes of bed-wetting but should be considered in every child. A good history, thorough physical examination and a urine test are usually all that is necessary to determine if a physical problem is likely.

3. Are there treatments for bed-wetting? (See above article for more details).

There are many different approaches to treating bed-wetting, including:

■ Limiting a child's fluid intake before bedtime.
■ Waking the child periodically during the night to go to the bathroom. This may help keep the bed dry, but it does not cure the problem.

■ Use a moisture alarm. Eventually the child will awaken to urinate before wetting or stay dry all night. Relapses occur, but 60 to 70 percent of children respond if treated four to six months.

■ Sticker charts and rewards

can be useful. This can be combined with the moisture alarm to help motivate the child.

Medications may help. The two most commonly used are desmopressin and imipramine. Both may have some side effects.
■ Hypnotherapy also may help. Children who can benefit from this treatment usually show improvement within four to six sessions. More studies are needed to determine how well this works.

4. Does bed-wetting mean that a child has a kidney problem? No. Most children who wet their beds do not have a kidney problem.

5. How can a parent help prevent long-term effects of bed-wetting?

Bed-wetting can affect a child's self-image and self-confidence. The best way to help prevent this is to reassure your

child that bed-wetting is a common problem and that he or she will outgrow it. Do not be reluctant to use some form of treatment if you child desires it.

6. What are the chances that bed-wetting will not go away? It may take some time for a child to outgrow the bed-wetting problem. Approximately 1 to 2 percent of bed-wetting children still have the problem by the time they are 16.

Children who never had a bed-wetting problem or who have been dry for some time may start bed-wetting because of stress. Situations such as the birth of a sibling, parents' divorce or other major changes in a child's life can sometimes lead to bed-wetting.

Source: Web site www.kidney.org/general/news/bedwettingfaq.htm

Cancer study volunteers needed

Beaumont Hospital in Royal Oak is recruiting volunteers for the "Selenium and Vitamin E Chemoprevention Trial," also known as SELECT.

The research study, funded by the National Cancer Institute, will include more than 32,000 healthy men in North America and Puerto Rico to evaluate selenium (a micronutrient present

in food and in supplements) and vitamin E (Alpha-tocopherol) to determine their effectiveness in preventing prostate cancer. Needed are African-American men at least 50 years of age and other men at least 55 years old. Call Beaumont's Cancer Clinical Trials Office at (248) 551-7655.

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UPDATE ON FIBROMYALGIA
Investigations continue into the cause of fibromyalgia. One feature of the condition that is clear is that individuals with fibromyalgia possess a heightened sensitivity to pain, noise, and touch. The high degree of reactivity reflects the activity of brain centers, which are set to respond at levels lower than for individuals without fibromyalgia.

Such responses are governed by receptors in brain nuclei and by the action of the brain to recycle chemicals like epinephrine, acetylcholine, serotonin, and dopamine. Physicians know from experience that medications like pain and tranquilizers can change the chemical activities of these neurotransmitters, but the same experience indicates that these medications are not helpful in controlling the high sensitivity exhibited by patients with fibromyalgia. Trials are underway using medications of the past—prozac type but modified sufficiently to treat not depression but the threshold of reactivity of patients with fibromyalgia.

However, individuals with fibromyalgia while awaiting new medications, can take advantage of the observations about reactions to stimuli. One way is to limit exposure to noise, whether it is people yelling or Saturday night disco sound. Avoiding excess heat and cold is important. Bundling up in winter is not only a way to prevent a fall but will aid in preventing a flare of fibromyalgia related pain.

Controlling anger, argument, and upset are of particular importance. Keeping even-tempered will avoid shocks that send brain centers into an overactive response. Working to modify where you live, work, and rest will always be important no matter what drugs come forward.

www.djpressjournal.com

Depressed take more sick days

A just-released longitudinal study, adding to the growing body of scientific evidence on employee productivity, confirms that depression is common in the workplace and detrimental to employee performance. These findings are reported in the May issue of *The American Journal of Psychiatry*, the monthly scientific journal of the American Psychiatric Association.

The study found that absenteeism due to health problems was twice as high for employees with depressive symptoms compared to those without depressive symptoms. The study also revealed that the likelihood of decreased performance on the job is seven times higher for depressed employees.

The Yale University research investigators termed decreased productivity on the job as "presenteeism" and was a likely result of employee reluctance to report an illness or to consider depression a "legitimate reason" for taking sick leave.

The longitudinal study of more than 8,000 employees at three corporations took a close look at the relationship between depression, satisfaction with health care and employee productivity.

The study also found that employees who complained about their health care were also more likely to be depressed and work less productively.

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