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 well because it wakes up overyone in the house except the enuretic, and shock therapy is a little dras-

said Bashou

tic," 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 bod, and implementing a rewards

systom.

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

he said.

"Behavior modification may also include changing diet. Bashour recommends that enurstics avoid high-sait and cafficinated 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 i hippy if his patients are dry for two months. "I'd prefer three, but I'll take two."

"Appointment with "Section 1.5".

Ill take two."

Appointments with Moore and Bushour 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 extent of treatment. Treatment is not covered by insurance. On the flip side, treatment with Bushour 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 pedintrician just kept saying she will outgrow it," she said. In the meantime, her daughter's self-esteom 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."

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 vectime.

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

Depressed take more sick days

Depressed take

A just-roleased longitudinal stud, adding to the growing body of scientific evidence on employee productivity, confirms that depression is common in the workplace and detrimental to comployee porformance. These findings are roported in the Mariesus of The American Journal of Psychiatry, the monthly scientific journal of the American Psychiatric Association.

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more sick days
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 6,000 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.

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 beds 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 got help for the problem or who are punished for bed-wetting are at risk to emotional or behavioral problems.

lems.
The NSF answers the follow-

ing questions:

1. When is bed-wetting a prob-

1. When is bed-wetting a provient 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 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, use wetting in a few cases, ery child with wetting needs to

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 bladders that do not hold as much urine

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

urine test are usually all that is necessary to determine if a physical problem is likely.

3. Are there treatments for bedwetting? (See above article for more details).

There are many different approaches to treating bedwetting, including:

Limiting a child's fluid intake before beddime.

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, bu 50 to 70 percent of children respond if treated four to six

Sticker charts and rewards

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

Modications may help. The two most commonly used are desmorpressin and imigramine. Both may have some side effects.

Hyphotherapy also may held. Children who can benefit from this treating usually show improvement within four to six seasions. More studies are needns. More studies ar ed to determine how well this

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-wet-

ting!

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 15.

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

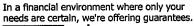
Source: Web site www.kidney.org/ general/news/ bedwetfuq.cfm

Cancer study volunteers needed

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

Chemoprevention A. 194, A. 194, Many as SELECT.
The research study, funded by the National Cancer Institute, will include more than 32,000 healthy men in North America and Puerto Ricc 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 Clini-cal Trials Office at (248) 551-7695.



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