**Falls at Night**

**Is Using the Bathroom in the Middle of the Night Normal?**

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**FACT-CHECKED**

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The term nocturia means waking up in the middle of the night to pee. Nocturia is the [most common1](https://pubmed.ncbi.nlm.nih.gov/23526404/) lower urinary tract symptom. Many people consider nocturia a normal sign of aging, but getting up multiple times during the night can have a [negative impact2](https://pubmed.ncbi.nlm.nih.gov/20965130/) on your sleep quality and could be a sign of an [underlying medical condition3](https://pubmed.ncbi.nlm.nih.gov/28984060/).

***What Is Nocturia?***

Most people urinate around [four to six times a day4](https://www.merckmanuals.com/home/kidney-and-urinary-tract-disorders/symptoms-of-kidney-and-urinary-tract-disorders/urination,-excessive-or-frequent). Nocturia refers to getting up one or more times during the night to pee.

Your [circadian rhythm](https://www.sleep.org/how-sleep-works/circadian-rhythm-body-clock/) ***(EXPLAIN)***, the internal clock that regulates the timing of bodily processes, may play a role in your [urine output5](https://pubmed.ncbi.nlm.nih.gov/21811695/). The urge to urinate usually happens during the waking hours of the day and decreases significantly at night as you sleep. However, those with nocturia find themselves waking up in the middle of the night, often multiple times, with a strong urge to use the bathroom.

***Who Is Most Likely to Experience Nocturia?***

Nocturia is the most common lower urinary tract symptom and affects men and women of all ages. About 69% of men and 76% of women over age 40 report having to urinate at least once during the night. Waking up to pee in the middle of the night can also affect those under the age of 40, although nocturia is [less common in young adults6](https://pubmed.ncbi.nlm.nih.gov/20620395/).

The need to urinate at night tends to increase sharply with age, especially for men. Between 70% and 90% of men over the age of 70 experience nocturia.

**How Does Nocturia Affect Your Sleep?**

Occasionally getting up to use the bathroom at night is usually not a cause for concern. However, consistent and frequent awakenings to use the bathroom every night fragments your sleep. Those who experience multiple awakenings may also find it hard to fall back asleep after they use the bathroom, leading to less time spent in deep, restorative sleep.

Missing out on high-quality sleep every night affects [almost every aspect of life7](https://pubmed.ncbi.nlm.nih.gov/24729147/). Sleep loss due to nocturia is associated with a wide array of negative outcomes including:

* Reduced [quality of life8](https://pubmed.ncbi.nlm.nih.gov/21945718/)
* Higher risk of depression (EXPLAIN: Depression is a greater indicator of falls than age.)
* Increased [risk of falling9](https://pubmed.ncbi.nlm.nih.gov/28060916/)
* [Poorer overall health10](https://pubmed.ncbi.nlm.nih.gov/27062276/)

**Why Do You Have to Pee So Much at Night?**

Medical professionals consider nocturia to be a symptom and not a condition in itself. In many cases, increased trips to the bathroom at night are due to drinking too many liquids in the evening. By consuming large amounts of fluid right before bed, especially caffeine or alcohol, your body is forced to increase urine production as you sleep.

In some cases, waking up to pee at night might be a sign of an undiagnosed medical issue, such as:

**Type 2 Diabetes**

Type 2 diabetes is marked by an [increase in thirst and need to urinate11](https://www.niddk.nih.gov/health-information/diabetes/overview/symptoms-causes). More than [34 million Americans12](https://www.cdc.gov/diabetes/data/statistics-report/index.html) live with type 2 diabetes, but the Centers for Disease Control and Prevention estimates that over 7 million more could be undiagnosed.

**Urinary Tract Infections**

Urinary tract infections can cause increased urinary frequency. They are the most common cause of frequent urination in women and children.

**Enlarged Prostate** – *(The prostate goes through two main growth periods as a man ages. The first occurs early in puberty, when the prostate doubles in size. The second phase of growth begins around age 25 and continues during most of a man’s life.) -* [*https://www.niddk.nih.gov/health-information/urologic-diseases/prostate-problems/prostate-enlargement-benign-prostatic-hyperplasia*](https://www.niddk.nih.gov/health-information/urologic-diseases/prostate-problems/prostate-enlargement-benign-prostatic-hyperplasia)

For older men, the most common cause of needing to urinate more frequently is an enlarged prostate. Known as benign prostatic hyperplasia or BPH, an enlarged prostate affects [over half of men in their 60s13](https://pubmed.ncbi.nlm.nih.gov/32644346/) and results in a [greater urination frequency and urgency14](https://www.merckmanuals.com/home/men-s-health-issues/benign-prostate-disorders/benign-prostatic-hyperplasia-bph).

**Sleep Disorders**

Nocturia is also associated with sleep disorders. Those with sleep-disordered breathing conditions such as obstructive sleep apnea often [need to urinate more15](https://pubmed.ncbi.nlm.nih.gov/16564213/) in the middle of the night. Researchers aren’t certain what causes the link between sleep apnea and nocturia. One theory is that people with sleep apnea [may produce more urine16](https://pubmed.ncbi.nlm.nih.gov/14998251/) and have elevated levels of hormones important for urine production.

People experiencing nocturia are also more likely to have insomnia. However, it's not clear whether the need to use the bathroom frequently throughout the night is the cause of insomnia and sleeplessness or if insomnia causes frequent urination.

**How Can You Stop Frequent Urination at Night?**

Lifestyle changes are typically the first point of intervention for successfully managing nocturia. If you experience only occasional or mild symptoms of nocturia, you can modify your daily routine to help stop the urge to urinate in the middle of the night including:

* Reducing fluid intake, especially caffeine and alcohol, at least 2 hours before bed
* Emptying your bladder before going to sleep
* Reducing salt intake
* Losing weight, for those who are overweight or obese
* Strengthening the muscles around your bladder with pelvic floor exercises

**When to Seek Medical Treatment**

If you experience nocturia, consider discussing your symptoms with your primary care physician. Nocturia is [notoriously underreported17](https://pubmed.ncbi.nlm.nih.gov/27753248/), and talking to your doctor can help you identify any underlying medical conditions.

Ultimately, the best treatment will depend on the cause of your nocturia. If your symptoms are severe or don’t respond to simple behavioral modifications, your doctor may prescribe medication. One common pharmaceutical treatment for nocturia is desmopressin, a drug that concentrates urine overnight and is effective in both [men18](https://pubmed.ncbi.nlm.nih.gov/23454402/) and [women19](https://pubmed.ncbi.nlm.nih.gov/23454404/).

Many people think waking up in the middle of the night to urinate is just a part of aging. While nocturia is incredibly common, you don’t have to let it dictate your sleep quality. If you’re waking up frequently every night, talk with your doctor to identify the underlying cause and discuss an individual treatment plan so that you can return to restful nights of high-quality sleep.

**SOURCE:** <https://www.sleep.org/sleep-questions/using-the-bathroom-at-night/>

**Toileting-related falls at night in hospitalized patients: The role of nocturia**

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Affiliations expand

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**Abstract**

**Objective:**The purpose of this study was to describe the prevalence and characteristics of toileting-related falls in hospitalized older people.

**Methods:**Retrospective analysis of falls related to night-time toileting in patients 60 years or over in a tertiary hospital during a one-year period.

**Results:**Overall 34% of falls were related to toileting with at least 44% of these falls occurring during the night. Toilet-related falls peaked between 11 pm and 1 am, a period that coincides with maximum supine-induced diuresis. Almost half of night falls occurred at the bedside. In 80% of night toileting-related falls, patients were mobilizing without the recommended level of assistance. Half of all patients had no strategies for toileting documented in their care plan.

**Conclusion:**Findings support screening for nocturia in older inpatients and implementation of strategies to reduce both the need for toileting at night and risk factors for falling.

**Keywords:**falls; health services for the aged; hospitals; nocturia; toileting.

SOURCE: <https://pubmed.ncbi.nlm.nih.gov/31321899/>

**Fast Facts**

* [**Adults over 65**](https://www.who.int/news-room/fact-sheets/detail/falls) are the age group to suffer the [**most fatal falls**](https://www.who.int/news-room/fact-sheets/detail/falls)
* [**One out of five falls**](https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html) cause serious injury in the form of a head injury or broken bones
* Aging [**women**](https://www.aging.com/falls-fact-sheet/) are more likely to fall than men

**Tips for Bedroom Fall Prevention**

Now that you have a clear picture of which aging adults are most at risk for bed falls, you can proactively take steps to reduce the risk of injury. Consider the following measures to reduce your senior’s risk of falling out of bed.

1. **Perform a bed safety audit.** Determine if the mattress presents a fall risk and needs to be replaced. Review the following points:
   * **Firmness and Age of Mattress:**Check the age and condition of your loved one’s mattress. An old, overly soft or overly firm mattress may cause a person [**back pain**](https://myslumberyard.com/best-mattress-for-back-pain/), discomfort, or movement issues that may cause them to struggle to get out of bed and inadvertently fall. We recommend replacing your mattress every 7 – 10 years, but if the aging adult spends a large amount of time in bed, their mattress may need to be replaced sooner.
   * **Position of Bed:**If an older adult is prone to falling out of bed, the bedroom may need to be rearranged to add a layer of safety. Placing the side of the bed against a wall reduces the risk of falling out of bed by half — they will only be able to roll off of one side instead of two. You can oftentimes adjust the bed height so the user may sit on the bed with their feet firmly on the floor and hips just slightly above the knees for safer entry and exit. Consider placing a heavy, sturdy nightstand next to the bed with a lamp that can easily be switched on or off. The nightstand can be used to help the aging adult hold on and support themselves as they stand up or sit down.
2. **Lighting**. It’s important to have proper lighting for the bedroom such as a nightlight or a flashlight by the bed. Also, consider a nightlight for the bathroom too.
3. **Get up slowly**. When going from laying to sitting, pause to let blood pressure steady and benign paroxysmal positional vertigo (BPPV) regulate before going to standing. Also, the diabetic neuropathy can cause decreased sensation in feet which would affect balance and proprioception.
4. **Keep walker and canes close by.** Keep assistive walking devices right at bedside instead of at the end of a bed so you don’t have to walk without support.
5. **Creating a roll barrier.**You can place pool noodles at the edge of the bed beneath the fitted sheet to create an edge that’s difficult to roll over.
6. **Wedge pillows.**Special pillows made in a long, narrow wedge shape can also create a barrier between the sleeper and the edge of the bed. You may also be able to use a body pillow for this purpose.
7. **Non-slip rugs and mats**. Any floor rugs, mats or bed runners along the side of the bed that aren’t secured should be eliminated or properly attached to keep them from shifting or slipping. You can use double-stick tape or place a non-slip rug gripper or mat underneath.
8. **Cord protectors.**Secure any wires and cords from lamps, alarm clocks, etc. far away from the standing zone next to the bed to avoid nighttime falls.
9. **Fall mats.**Placing a cushioned fall mat next to the bed could reduce the chances of severe injury in the event of a fall. Cushioned fall mats can be expensive but may lend peace of mind to friends and family.
10. **Bed Alarms.**Bed sensor alarms use a pressure-sensitive pad and detector unit to alert a caregiver when the user leaves the bed.

**Bedroom Fall Risk Factors**

Caretakers and loved ones should be aware of the following conditions which may increase a senior’s risk of falling out of bed.

SOURCE: <https://www.uzrc.org/blog/health-wellness/tips-for-avoiding-nighttime-falls/>

**Falls in Hospitals Statistics**

Read on to learn about the prevalence of hospital falls. Namely, you will learn whether these falls are preventable and how many of them are witnessed by staff, among other things.

**19. The annual prevalence of falls in elderly hospital patients is 700,000 to one million.**

(Patient Safety Network)

Falls occur at a rate of 3–5 times for every 1,000 days spent in the hospital. The prevalence is higher among elderly patients. What’s more, one-third of injuries resulting from these falls are serious. Finally, note that patient falls are considered “never events,” and they aren’t covered by Medicare and Medical Services.

**20. 80% of falls aren’t witnessed by staff, according to falls in hospitals statistics.**

(Health)

These types of falls tend to happen while sitting, standing, or walking. Many falls also occur in the bathroom or by the patients’ beds.

All in all, the prevalence of these falls seems to be increasing because of the following:

* better medical alert systems
* nurses spending less time with patients
* a growing number of older patients receiving care
* an increased number of patients who are seriously ill or under heavy sedation.

**21. Patients’ falls are preventable.**

(Van Wey Law)

Patient falls in hospitals statistics confirm a 35% reduction in the fall rate and a 62% decrease in the injury rate in hospitals that follow safety protocols. There are also updated patient care standards that require hospitals to assess patients in their care for the risk of falls.

SOURCE: <https://medalerthelp.org/blog/falls-in-the-elderly-statistics/>