

Nocturia means waking from sleep one or more times to urinate. It is very common, especially with age, but it is not something you simply have to accept — it disrupts sleep, causes daytime tiredness, and raises the risk of nighttime falls. Most causes are treatable once the reason is found.

About This Condition

There are three main reasons people wake to urinate, and many have a **mix**:

- **Making too much urine at night** (nocturnal polyuria) — from evening fluids, caffeine or alcohol, leg swelling, heart or kidney issues, sleep apnea, or water pills.
- **A bladder that holds less** — from overactive bladder or an enlarged prostate.
- **Disturbed sleep** — you wake for another reason and then decide to urinate.

Why It Matters

Beyond poor sleep, getting up at night is a leading cause of **falls and fractures** in older adults. Because nocturia often points to a treatable problem (and sometimes to sleep apnea or heart issues), it is worth evaluating rather than ignoring.

LEARN THE TERMS

Nocturia

Waking from sleep to urinate.

Nocturnal polyuria

Making a large share of your daily urine at night.

Frequency-volume chart

A diary of when and how much you urinate, day and night.

Overactive bladder

A bladder that signals urgently and holds less.

Sleep apnea

A sleep-breathing disorder that can drive nighttime urine output.

Desmopressin

A medicine that reduces nighttime urine in selected patients.

THE FIRST STEP: A BLADDER DIARY Keeping a **frequency-volume chart** for a few days — writing down when and how much you drink and urinate, day and night — is the single most useful thing you can do. It tells your team **which** cause is driving your nocturia, which decides the treatment.

How It's Diagnosed

- A **bladder diary** and a review of your fluids, medicines, and sleep
- A **urine test**, and a check for an enlarged prostate or overactive bladder
- Screening for **leg swelling, sleep apnea**, or heart/kidney causes when relevant

How It's Treated

- 1 **Evening habits** — limit fluids, caffeine, and alcohol in the 3–4 hours before bed.
- 2 **For leg swelling** — elevate your legs in the afternoon, use compression stockings, and take any water pill earlier in the day (as directed).
- 3 **Treat the bladder cause** — overactive bladder or an enlarged prostate.
- 4 **Targeted medicine or sleep treatment** — e.g., desmopressin for true nighttime overproduction, or treating sleep apnea.

Staying Safe at Night

- Use a **night light** and keep a clear path to the bathroom to prevent falls.
- Stand up slowly, especially if you take blood-pressure medicines.

Call your team if you have:

- **Blood in the urine**, burning, or fever (possible infection)
- On desmopressin: **nausea, headache, or confusion** (possible low sodium)
- Swelling, shortness of breath, or a big change in how much you urinate

THREE THINGS TO REMEMBER

1. Nocturia — waking to urinate — is common, disrupts sleep, and raises fall risk; it usually has a treatable cause.
2. A few days of a bladder diary is the key first step to find the cause and the right fix.
3. Adjust evening fluids, manage leg swelling, and treat the bladder or sleep cause. Prevent night falls with a light and a clear path.