SYMPTOM

Urinating more at night

Urinating more at night means waking from sleep one or more times to pass urine.

WHAT IT FEELS LIKE
Waking from sleep one or more times to urinate

WHERE IT IS FELT
Bladder and urinary tract, with disrupted sleep

MOST COMMON CAUSES
Evening fluids, sleep disruption, bladder or prostate problems

WHEN IT IS URGENT
Fever with side or back pain, or visible blood

USUALLY LASTS
Depends on fluids, medicines, sleep, and the underlying cause

SEE A DOCTOR IF
Persistent episodes disrupting sleep or starting without clear reason

Overview

Urinating more at night is often called nocturia . It means waking from sleep to pass urine. The first urine after you wake for the day does not usually count.

An occasional trip to the toilet may follow drinking more than usual, especially near bedtime. It becomes more important when it happens regularly, disrupts sleep, creates a risk of falling, or comes with other symptoms.

Nocturia is a symptom rather than a disease. Sometimes the bladder wakes you. In other cases, pain, anxiety, insomnia, hot flushes, or another sleep problem wakes you first, and you decide to urinate while awake.

What it may feel or look like

You may wake once or several times during the night. You might pass only a small amount, or your bladder may be quite full each time. It may take longer to return to sleep afterward.

Other symptoms can help show what is happening:

Keeping a light and a clear route to the bathroom can reduce the chance of falling, especially if

you are sleepy or unsteady.

- Burning, urgency, or lower abdominal discomfort
- A weak stream, straining, dribbling, or incomplete emptying
- Passing large amounts of urine during both day and night
- Strong thirst or a dry mouth
- Swollen ankles that improve overnight
- Loud snoring, choking sounds, or daytime sleepiness
- Leakage before reaching the toilet

Common causes

Everyday fluid patterns are a common explanation. Drinking a large amount in the evening gives the kidneys more fluid to process overnight. Alcohol and drinks containing caffeine may increase urine production or disturb sleep.

Changes in nighttime urine production can also contribute. Fluid that collects in the legs during the day may return to the bloodstream when you lie down. The kidneys then remove some of this fluid as urine. This may happen with prolonged sitting or standing and can be more noticeable with age.

Bladder problems can make the bladder feel full before it contains much urine. Examples include an overactive bladder and irritation from a urinary tract infection. Infection often causes burning, urgency, cloudy urine, or lower abdominal discomfort as well.

Prostate enlargement can narrow the urine channel in people who have a prostate. This may cause a slow stream, difficulty starting, dribbling, or a feeling that the bladder has not emptied.

Sleep disruption may be the main issue. Insomnia, pain, restless legs, or obstructive sleep apnoea can wake you repeatedly. Sleep apnoea causes breathing pauses during sleep and is often linked with loud snoring and daytime tiredness.

Medicines and health conditions may increase urine production. Water tablets like furosemide or hydrochlorothiazide , also called diuretics, are designed to remove excess fluid. Diabetes can cause frequent urination and thirst when blood glucose is high.

Less common causes include kidney disease, conditions affecting how the body controls water balance, and nerve conditions that interfere with bladder control. Heart or circulation problems may contribute when they cause leg swelling.

Rarely, sudden urinary symptoms can be related to urinary blockage, a kidney infection, or

severely raised blood glucose. These usually cause other noticeable symptoms.

When to seek medical care

Seek urgent same-day medical advice if nighttime urination occurs with:

Go to an emergency department if you cannot pass urine despite a painful, swollen feeling in your lower abdomen. Also seek emergency help for new confusion, fainting, severe breathing difficulty, or rapidly worsening illness.

Book a routine appointment if the problem continues for several weeks, regularly interrupts your sleep, or has no clear explanation. Arrange follow-up sooner if you also have a weak stream, leakage, persistent burning, leg swelling, strong thirst, or significant daytime sleepiness.

- Fever, shaking chills, or pain in your side or back
- Visible blood in your urine
- New vomiting, marked weakness, or unusual drowsiness
- Extreme thirst with much larger amounts of urine than usual

How the cause is found

A healthcare professional will ask when the problem began, how often you wake, and whether you pass small or large amounts. They may ask about daytime urination, thirst, sleep, swelling, pregnancy possibility, medical conditions, and medicines.

A bladder diary can be useful. For several days, record when and how much you drink, when you urinate, and roughly how much urine you pass. Note bedtime, waking time, urgency, leakage, and any ankle swelling.

A urine test can look for infection, blood, or glucose. Blood tests may be used to check blood glucose, kidney function, or salts such as sodium. Depending on your symptoms, an examination may include the abdomen, legs, prostate, or pelvic area.

An ultrasound can measure urine left in the bladder after urination. If sleep apnoea is possible, you may be assessed for a sleep study.

Treatment and self-care

Treatment depends on whether the main problem is excess nighttime urine, reduced bladder storage, incomplete emptying, or interrupted sleep.

Helpful steps may include:

Do not severely restrict fluids, particularly during hot weather or illness. If you take a diuretic, do not change its timing or stop it without speaking with the prescriber.

Specific treatment might address a urinary infection, overactive bladder, prostate enlargement, diabetes, swelling, or sleep apnoea. The best choice depends on your other conditions and medicines. Some treatments for nighttime urine production require blood sodium monitoring and are not suitable for everyone.

- Drink normally during the day but avoid large drinks near bedtime
- Reduce evening caffeine and alcohol
- Urinate just before going to bed
- Raise swollen legs during the late afternoon or early evening
- Keep the route to the toilet well lit and free of obstacles

What to expect

Nocturia caused by evening drinks may improve quickly after changing their timing. Symptoms linked with infection may settle once the infection is treated. Bladder, prostate, sleep, circulation, or metabolic conditions may need longer-term management.

Improvement does not always mean sleeping through every night. Fewer awakenings, longer periods of uninterrupted sleep, and less urgency can still be meaningful progress.

Return for follow-up if symptoms worsen, treatment does not help, or new pain, blood, fever, swelling, thirst, or difficulty urinating develops.

Common questions

Is getting up once at night normal?

It can happen, particularly after drinking late in the evening. Whether it needs assessment depends on how often it occurs, whether it is new, and how much it affects your sleep and safety.

Does nighttime urination always mean a prostate problem?

No. Prostate enlargement is one possible cause for people with a prostate, but fluid timing,

bladder conditions, sleep problems, medicines, diabetes, and swelling can also contribute.

Should I stop drinking water in the evening?

Avoiding large late drinks may help, but complete fluid restriction can lead to dehydration. Spread fluids through the day and ask for individual advice if you have heart, kidney, or fluid-balance problems.

Can poor sleep itself cause the problem?

Yes. You may wake because of insomnia, pain, or sleep apnoea and then urinate because you are awake. Treating the sleep problem may reduce bathroom trips.

Sources

- International Continence Society. International Continence Society consensus on the diagnosis and treatment of nocturia . Neurourology and Urodynamics . 2019;38(2):478-498.
- National Institute for Health and Care Excellence. Lower urinary tract symptoms in men: management, clinical guideline CG97 . Updated 2015.
- European Association of Urology. Guidelines on the management of non-neurogenic male lower urinary tract symptoms . 2025.
- National Institute of Diabetes and Digestive and Kidney Diseases. Enlarged prostate: benign prostatic hyperplasia . Reviewed July 2020.
- The Royal Australian College of General Practitioners. Nocturia: a guide to assessment and management . Australian Family Physician . 2012;41(6):399-402.