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# **CIRCADIAN RHYTHMS OF RENAL FUNCTIONS IN AN ADULT NOCTURIC POPULATION**

#### Hypothesis / aims of study

Adolescents and adults have a circadian rhythm with lower values for diuresis, glomerular filtration-rate, solute and sodiumexcretion associated with maximal concentrating capacity (>850mosmol/kg) overnight. Children with nocturnal enuresis or nocturia with nocturnal polyuria are characterised with low urinary osmolality related to low vasopressin levels overnight. A small subgroup of desmopressin resistant patients, however, have high osmotic excretion overnight and a deficient circadian glomerular and tubular function rhythm.

The aim of this study was to document the different circadian rhythms of renal functions in an adult population consulting for nocturia.

#### Study design, materials and methods

This prospective study was executed between October 2011 and March 2012; 26 patients with nocturia consulting a urologist in the University hospital of Ghent, were asked to collect 8 urine samples over 24 hours with a fixed interval of 3 hours between each sample; urinary volumes per interval were measured. Urine analysis of levels of sodium, creatinine and osmolality was performed. Creatinine and osmolality are used as parameters for the renal concentrating capacity. Diuresis-rate, solute excretion and sodium excretion were calculated.

#### **Results**

The mean age of this study population of nocturic patients is 56,58 (SD 14,67), with an age distribution from 21 to 77; sex ratio is 1/1.

Differences between daytime and nighttime values of the different variables are displayed in table 1.

#### Table 1: daytime and nighttime values for the outcome variables

Variable	Daytime	Nighttime	P-value
Diuresis (ml)	1460 (807)	716 (283)	0,000*
Osmolality (mosm/kg)	526 (162)	489 (144)	0,015*
Creatinine excretion (mg/dL)	13,33 (6,15)	12,92(4,82)	0,038*
Diuresis-rate (ml/min)	0,84 (0,44)	0,74 (0,37)	0,002*
Solute excretion (mosm/kg)/(mg/dL creatinine)	6,95 (1,66)	7,21 (2,63)	0,343
Sodium excretion (mmol/L)/(mg/dL creatinine)	1,31 (0,48)	1,54 (0,64)	0,256

Looking into the correlation between different variables, a strong positive correlation is found between solute and sodium excretion (R<sup>2</sup> 78%). Osmolality and diuresis rate correlate negatively (R<sup>2</sup> 41%). These results are shown in figure 1.



Figure 1: correlation between solute and sodium excretion, osmolality and diuresis rate

### Interpretation of results

This study demonstrates a significant nocturnal polyuria among nocturic patients, with a night/day ratio of 110% (SD 78). This polyuria is accompanied not only by low urinary osmolality overnight, but even an almost absent circadian rhythm. Also an absent circadian rhythm is reported for creatinine excretion, diuresis-rate, solute excretion and sodium excretion, although the last two variables show no significant difference between daytime and nighttime. The strong correlation between urinary osmolality and diuresis-rate fits with polyuria related to deficient vasopressin levels overnight.

#### Concluding message

A significant percentage of patients with nocturia suffer from nocturnal polyuria with lower urinary osmolality, giving a rationale for a treatment with desmopressin. We have to admit that the large standard deviations certainly suggest heterogeneity of the population and that there might be a bias because of the tertiary centre population

#### **Disclosures**

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