DELAYED DEVELOPMENT OF HYponatREMIA IN THE PATIENTS OF NOCTURIA MANAGED WITH DESMOPRESSIN ACETATE (DDAVP)

Hypothesis / aims of study
DDAVP is a very effective drugs for the management of nocturnal polyuria. The pharmacologic actions of DDAVP are antidiuretic effects and activation of coagulation mechanism. The common adverse side effects are facial flushing, headache and serious complications like hyponatremia, coronary artery thrombosis were reported.

Study design, materials and methods
202 patients diagnosed as nocturia due to nocturnal polyuria included in this study. Average age was 68 years (age range: 53-93). DDAVP was started 0.1mg as an initial dose and escalated into 0.2mg. Recent history of myocardial infarction, cerebrovascular accident and diuretic administrated patients were excluded. Serum-Na/K was routinely measured at 1st month of DDAVP administration and bimonthly after then.

Results
The incidence of hyponatremia was found in 12 patients (5.9%) at 2nd month and 10 month follow-up. Eight patients showed persistent low level of s-Na (range: 122-126 mEq/mL) and needed admission. Among them six patients did not controlled and should discontinue medications. Four patients’ s-Na level were in the range of 130-132 mEq/mL and managed successfully in outpatients clinic basis.

Interpretation of results
Although adverse side effects are very rare with DDAVP treatment, hyponatremia may be a serious one especially in older age. Most reports associated with hyponatremia was developed at first 1-2 weeks after drug administration. In our study, it can be developed in 2nd month and lately 10th month.

Concluding message
Development of hyponatremia in the DDAVP-managed nocturia patient most commonly disclosed within 1-2 weeks after drug administration. In our study, delayed detection of hyponatremia after 2 months was observed and reported. Therefore, s-Na/K level should be measured after several months after DDAVP administration.

References