# Sick day rules advice for AVPD (diabetes insipidus)

**You should seek medical attention if any of the following happen:**

* You have missed or cannot take your desmopressin and have little or no access to fluids
* You have taken your desmopressin as normal but have then had a large intake of fluid
* You have vomiting (more than once) and/or diarrhoea

**The healthcare team seeing the patient should seek advice from an endocrinologist experienced in AVPD (DI)**

## **1. You have missed or cannot take your desmopressin and have little or no access to fluids.**

This means you will continue to lose water as you will not be able to control your urine output, BUT you

cannot replace this as you have little or no intake. This can very quickly lead to your becoming dehydrated

with an increase in your blood sodium level. This would be known as hypernatraemia (high sodium).

Why have I developed hypernatraemia?

A high sodium is very uncommon unless the body is severely lacking in water. If this is not recognised and

treated it can be life-threatening as it can cause problems with the brain and central nervous system.

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It can also develop if you have an episode of gastroenteritis or repeated vomiting, due to increased fluid loss

caused by vomiting and/or diarrhoea. Correcting a too high sodium level should be done carefully to prevent too

sudden a drop.

What symptoms may I have?

Symptoms of a high sodium can include headaches, fatigue or tiredness, irritability, dry mouth and lips, nausea and reduced appetite, cramps, muscle spasms and if left untreated or not recognised convulsions or seizures may occur.

**Seeking help**

* Attend your GP without delay if early symptoms of headache, tiredness and irritability
* Attend A&E if have early symptoms and nausea, low appetite, cramps, muscle spasm
* 999 call if convulsion or seizures occur

The following link is to Society for Endocrinology *Emergency Care Guidance for the Inpatient Management of Cranial Diabetes Insipidus in the Adult Patient* <https://doi.org/10.1530/EC-18-0154>

**2. You have taken your desmopressin as normal but have then had a large intake of fluid**

This mean you will have excess fluid in your system as you will have reduced your urine output with the

desmopressin. Having a high fluid intake after taking your desmopressin can lead to a reduced blood

sodium level, known as hyponatraemia. This can lead to seizures.

Hyponatraemia (low sodium) can be graded as mild, moderate or severe.

Correcting hyponatraemia has to be done very carefully to prevent too sudden a rise in blood sodium.

The level of emergency medical attention needed will depend not only on your sodium levels but also on your symptoms at the time.

Why have I developed hyponatraemia?

When you take desmopressin this signals to your kidney to reduce or stop losing water from your circulation.

Too high a dose or too much of desmopressin can cause too much water to be kept in the body and this can lower your blood sodium levels.

If you continue to have a strong thirst, and drink to quench the thirst after taking desmopressin, this can also cause over-dilution of the blood and so lower your blood sodium levels.

Other illness can also cause a shift in your fluid balance and result in a drop in sodium levels, especially so if you have vomiting and/or diarrhoea.

What symptoms may I have?

Symptoms can vary and do not always match the level of blood sodium in their severity. So a person with a mild or moderate low blood sodium may have severe symptoms.

Moderate symptoms will include nausea without vomiting, confusion, headaches

Severe symptoms include vomiting, seizures, reduced level of consciousness and possibly cardiac arrest.

**Seeking help**

If you have any of these symptoms listed you should seek emergency medical attention

The following link is to the Society for Endocrinology Emergency Care Guidance for the Emergency Management of Severe Symptomatic Hyponatraemia in Adult Patients <https://doi.org/10.1530/EC-16-0058>

**3. You have vomiting (more than once) and/or diarrhoea.**

This will affect your fluid balance levels and the levels of sodium and potassium in your blood. It may become

difficult for you to keep control of your AVPD (DI) in these circumstances. This is especially important if you take

cortisol replacement, as reduced cortisol levels also have an impact on your blood sodium levels. This situation

would need you to attend accident and emergency or urgent care department for urgent assessment and

stabilisation.

If you have taken extra desmopressin for whatever reason and your urine output has dropped significantly, as

long as you are not thirsty and dehydrated, try to limit your fluid intake, and take no further desmopressin until

you have symptoms of thirst and an increasing urine output. If your urine output does not increase within 12

hours then seek medical advice.