The Desmopressin-Escape Method

A safe and simple method to allow for 'Breakthrough' to reduce the risk of low blood sodium (hyponatremia)

This method might not be appropriate for some patients, e.g., those with impaired thirst perception or younger patients. Please ask your treating physician first.

Desmopressin reduces uncontrolled urine loss in patients with Arginine Vasopressin Deficiency [Central Diabetes Insipidus].

The dosage & timing are symptom-specific and might show daily variation!

Desmopressin treatment carries the risk of overhydration and low blood sodium (hyponatremia)

You should routinely delay or omit a dose of Desmopressin to allow for 'BREAKTHROUGH' Symptoms (your original symptoms):

1. Your BIG THIRST is just starting up again.
2. You run to the bathroom with a full bladder several times in an hour or two
3. Your urine is pale & nearly colorless

You can safely take your next dose of Desmopressin once you had 'BREAKTHROUGH' Symptoms

Options:

1. **OPTION (1) Weekly omission**
   - Once or twice per week, Desmopressin is omitted completely.
   - After two or more visits to the bathroom, you can take your next Desmopressin dose.

2. **OPTION (2) Delayed dose**
   - Once or several times per week Desmopressin is delayed until 'Breakthrough' develops.
   - After two or more visits to the bathroom, you can take your next Desmopressin dose.

3. **OPTION (3) Regular delayed dose**
   - Delay one or every dose of Desmopressin is until 'Breakthrough' develops.
   - After two or more visits to the bathroom, you can take your next Desmopressin dose.

**Signs and Symptoms of overhydration and low blood sodium (hyponatremia)**

**MILD SYMPTOMS**
- Fatigue/Lethargy
- Irritable
- Headache
- Reduced appetite

**MODERATE SYMPTOMS (MILD +)**
- Weakness/muscle cramps
- Confusion
- Nausea without vomiting

**SEVERE SYMPTOMS (MILD + MODERATE +)**
- Increasing confusion
- Nausea and vomiting
- Convulsions/seizures
- Coma/unconsciousness

Other signs:
- No thirst
- No or very little urine
- Swellings (e.g., fingers)
- Weight gain within a few days to weeks

Name: ______________________
Date of Birth: _______ ________

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