

To A&E and hospital ward staff – Diabetes Insipidus patient

As A&E, ward staff or a general health care professional, you may care for a patient with the condition Diabetes Insipidus (DI). **It is important that you know what this condition is and also that you understand the importance of the medication which DI patients take to manage their condition.**

DIABETES INSIPIDUS IS NOT LINKED IN ANY WAY TO DIABETES MELLITUS

Diabetes Insipidus is a disorder in which the kidneys are unable to retain water, caused by the lack of a water-retaining (anti-diuretic) hormone produced by the pituitary gland. This results in the production of large amounts of urine and in turn, a greatly increased thirst. **The condition requires medication to manage it effectively. Without such medication (DDAVP), the condition will cause patients to become dangerously dehydrated and in extreme situations this can become fatal. Many medical professionals are not aware of the potential effects of missing medication for Diabetes Insipidus, especially health professionals working outside of Endocrinology.** Many patients require frequent and regular medication in order to keep them from serious and fast deterioration.

The condition is characterised by the passage of large volumes of urine (>3 litres/24hrs), and persistent, extreme thirst. It is distinguished from diabetes mellitus (sugar diabetes) by “insipid” urine, i.e. lacking taste, in contrast to the “sweet tasting” urine of diabetes mellitus. A common cause of DI is inadequate secretion of vasopressin, the antidiuretic hormone, from the posterior pituitary.

We request that you ensure your hospital has a procedure in place between departments, so that when a patient with a rare endocrine condition such as Diabetes Insipidus is admitted, there is a protocol for urgent communication between departments and your Endocrinology team.

Treatment

Desmopressin (DDAVP) is required which can be given orally, intranasal or parenteral (spray, intranasal solution, tablets or melts). It is essential to avoid chronic over-dosage which will cause hyponatraemia (low serum concentration of sodium). DI patients could have their DDAVP medication with them and, if able and coherent, should manage their own dose regime. They should have free access to water to drink. **For any issues, please contact without delay, the endocrinologist on call or the patient’s endocrinologist.**