An attempt to prepare local Guidelines for Management of Syndrome of Inappropriate ADH Secretion (SIADH) in a District General Hospital in the UK

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ECE 2016 Munich EP-913

OBJECTIVE
To establish the Guidelines for management of SIADH in a District General Hospital in the UK

METHODS
The European 2014 and NIH Guidelines are considered. The essential criteria for diagnosis of SIADH are taken into account.

DIAGNOSIS

Diagnostic Criteria:
1. Plasma Sodium <130 mmol/l
2. Plasma Osmolality < 275mOsm/kg
3. Urine Osmolality >100 mOsm/kg
4. Urine Sodium >30 mmol/l
5. Patient Clinically Euvolaemic
6. Exclusion of Glucocorticoid deficiency
7. Normal Thyroid function
8. Normal Renal function
9. On no diuretics

PROPOSED GUIDELINE: MANAGEMENT OF DIAGNOSED SIADH

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DIAGNOSIS

Management on ITU [2]
• First-hour management, Acute (<48h) and Chronic: Prompt IV. infusion of 150 ml 3% hypertonic saline over 20 min. Check the serum sodium concentration after 20 min and repeat an infusion of 150 ml 3% hypertonic saline for the next 20 min.
• If symptoms resolve after a rise of serum sodium of 5 mmol/l, keep the IV line open with normal saline.
• Limit the increase in serum sodium concentration to a total of 10 mmol/l during the first 24 h and an additional 8 mmol/l during every 24 h thereafter until the serum sodium concentration reaches 130 mmol/l.
• However, if symptoms do not improve after a rise in serum sodium of 5 mmol/l in 1 hour to continue an IV infusion of 3% hypertonic saline aiming for an additional 1 mmol/l per h increase in serum sodium concentration (using Adrogue-Madias formula).
• To stop the infusion of 3% hypertonic saline when the symptoms improve, the serum sodium concentration increases 10 mmol/l in total or the serum sodium concentration reaches 130 mmol/l, whichever occurs first.
• In the UK 2.7% hypertonic saline is available and can also be used instead of 3% saline.

THERAPY OF SIADH BASED ON SEVERITY OF SYMPTOMS adapted from [1]

Clinical importance of signs and symptoms

Grave symptoms (fits, hemiplegia, severe somnolence, respiratory insufficiency) ↓ 3% saline

Advanced symptoms (confusion, vomiting, drowsiness, hallucinations) ↓ Vaptan, 3% saline

Mild to Moderate symptoms (poor concentration, nausea, instability of gait and falls) ↓ Vaptan, urea, fluid restriction, demeclocycline

If the patient is acutely symptomatic and plasma sodium is not improving, refer to ITU for 3% hypertonic saline +/- loop. diuretics

CONCLUSION
To limit the rise of plasma sodium to 10-12 mmol/l over first 24 hours. In refractory cases referral may be done for haemodialysis, CVVH (Continuous Veno veno haemofiltration) and SLEDD. (Slow Low Efficiency Daily Dialysis)

REFERENCES


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