

# Where are the Endocrinologists?

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## Introduction

Hyponatraemia is defined as serum sodium concentration  $<135\text{mmol/L}$ . It is the most common electrolyte disorder encountered in clinical practise<sup>1</sup>. It is associated with an increase in mortality and length of stay, independent of diagnosis and clinical variables<sup>2</sup>. Despite this it is often inadequately investigated and poorly managed<sup>3</sup>. As a number of endocrine conditions can cause hyponatraemia, endocrinologists often have the necessary clinical skills and

## Methods

A retrospective audit was performed of patients admitted to The Great Western Hospital (GWH) serum sodium of  $127\text{mmol/L}$  or less on admission, over a three month period. The aims were to evaluate how hyponatraemia is investigated and whether specialist input from the endocrinology team improves the management of these patients.

## Results

### In the Audit:-

75 patients were included in the audit; 27 male (36%) and 48 female (64%).

- Serum sodium of  $127\text{mmol/L}$  or less on admission.
- 8 investigations were identified as essential when investigating patients with Hyponatraemia-only 4% of patients had all 8 investigations completed.
- Less than 27% of patients had a urine sodium, urine osmolality and serum osmolality requested during admission.
- Only 7 patients (9%) were either referred to the endocrinology team or were reviewed by the endocrinology team during admission.
- These patients had an average of 6.9 out of 8 of the essential investigations, whereas those patients not reviewed by

## Discussion

This audit confirms that:

- -Hyponatraemia is often not recognised, inadequately investigated and poorly managed.
- -Results suggest that an endocrine opinion is rarely requested
- **-When reviewed by an Endocrinologist patients are more likely to have appropriate investigations requested**
- -When referred to specialist and correctly investigated, increases correct diagnosis and appropriate management.

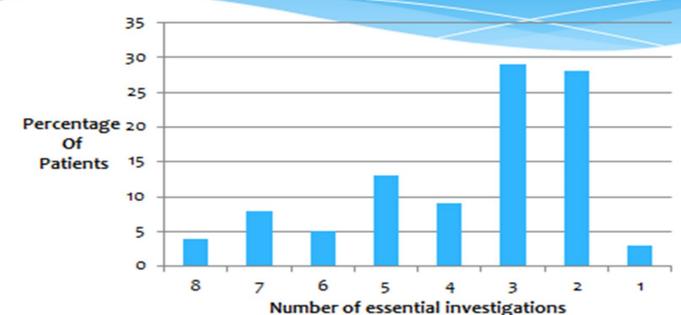
## Hyponatraemia Audit 2014

### \* Essential Investigations:

- \* Urinary sodium
- \* Urinary osmolality
- \* Serum osmolality
- \* Random blood glucose
- \* Total protein
- \* Lipids
- \* Serum cortisol
- \* TSH

8

## Hyponatraemia Audit 2014



## Hyponatraemia Audit 2014

### Specialist Input

- \* Only 7 patients (9%) were either referred to or reviewed by the endocrinology team during admission
- \* Endocrine input: 6.9 out of 8 investigations
- \* GIM input: 3.4 out of 8 investigations

## References

1. Spasovski, G et al. Hyponatraemia guidelines development group. Clinical practise guideline on diagnosis and treatment of hyponatraemia. *Eur J Endocrinol* 2014;170(3):G1-47.
2. Ballin, L et al. Hyponatraemia at hospital admission is a predictor of overall mortality. *Intern Med J* 2015;45(2):195-202.
3. Ploutarchous, T and Bouloux, PM. Inpatient hyponatraemia: adequacy of investigation and prevalence of endocrine causes. *Clinical Medicine* 2015;15:20-24.