

# DESMOPRESSIN TREATMENT

An information leaflet from the Swedish Enuresis Academy [www.svenskaenures.se](http://www.svenskaenures.se) July 2011

During the night the human body usually increases the production of the hormone vasopressin that decreases the amount of urine made by the kidneys, in order that it may be contained in the bladder. Some children, however, lack this vasopressin increase, with the result that their night-time urine production may be as large as the amount produced during the day. This will overfill the bladder and either wake the child or – if the child is a "deep sleeper" – result in bedwetting.

Desmopressin (Minirin®, Nocutil®) is a synthetically produced variant of vasopressin that can be taken as a quick-melting tablet. It is often successfully used as a substitute of the hormone in the treatment of bedwetting. Desmopressin treatment is given as one or two pills taken at bedtime. One may start with the full dose – 240 micrograms – and try to reduce the dose if this works fine, or one may start with just one pill and then increase the dose if the effect is unsatisfactory. Different strategies are used by different doctors.

It is reasonable to start treatment at the age of six years. The drug is given 30 to 60 minutes before going to bed and will have effect for about 8 hours. During these hours the urine production is diminished and returns to normal the next day. In order to prevent the body from accumulating too large amounts of water it is important that the child only drinks small amounts of fluid during the evening and night that Minirin is taken (starting one hour before taking the pills). The child should also be instructed to pee just before going to bed. It is important that the tablets are not swallowed but are left to melt on the tongue – it will only take a few seconds. It is also a good idea not to eat anything immediately before or after taking the pills. The instructions on the package about how to unpack the pills should be followed.

A positive effect can usually be noted already during the first nights, if the child belongs to the 60-70% of bedwetting children who are helped by desmopressin at all. Not all of those children can, however, count on *all* nights becoming dry. If the effect is good, the child may continue taking the pills for three months after which the treatment is interrupted for a short while, to see if it is still needed. If the child is still not dry a new three-month treatment period can be started, and you may, if needed, continue in this way for several years until the child grows out of his/her bedwetting. If, on the other hand, no effect is noted after two weeks of treatment (the smallest test package contains 30 tablets), the treatment should be stopped and another method has to be found, for instance the enuresis alarm.

Some families choose to use desmopressin before "important nights" only – during sleep-overs, school camps etc. This is perfectly all right, especially if the child only wets his/her bed sporadically, but it is important that an adult in charge of the child knows about the medication and assures that the child does not drink too much during the evening.

Desmopressin is a very safe drug, if used according to these guidelines. Side effects (headache, nightmares, vomiting, stomach ache) are rare and always disappear when treatment is stopped. If side effects are suspected, or if the child is also on some other medication, a doctor should be consulted.

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