

DESMOPRESSIN TREATMENT

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During the night the body usually increases the production of the hormone vasopressin that decreases the urine production by the kidneys, in order that it may be contained in the bladder. But some children, 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 is a synthetic variant of vasopressin that is often successfully used as a substitute of the hormone in the treatment of bedwetting.

It is reasonable to start treatment at the age of six years. Most children prefer quick-melting tablets that are to be put under the tongue but there are also ordinary oral tablets, to be swallowed, available. One good strategy is to start with a full dose of 240 micrograms of quick-melt desmopressin or 0.4 milligrams of oral desmopressin and then try to halve the dose if this works fine. 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 desmopressin is taken (starting one hour before taking the pills). However, extra thirst due to sweating may safely be compensated by drinking water while still taking desmopressin, it's the "party-drinking" that cannot be combined with the drug. The child should also be instructed to pee just before going to bed. It is important that the quick-melting tablets are not swallowed. 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 favorable 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 their bedwetting. If, on the other hand, no effect is noted after one or two weeks, the treatment should be stopped and another method has to be found, for instance the enuresis alarm.

There are several forms of desmopressin available, but the one that possibly is taken up most quickly by the body is Minirin MELT. If the child has tried another variant with poor effect maybe switching to this could be a good idea.

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 their 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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