Syndrome of Inappropiate Antidiuretic Hormone Secretion Treated With Tolvaptan at a General Hospital.

Hernandez Rey J[1], Romero Ramirez E[2], Moyano Peregrin C[2], Miranda Sancho E[1].
[1]Department of Internal Medicine. [2]Department of Nephrology. Hospital Punta de Europa. Algeciras. Spain.

INTRODUCTION AND OBJECTIVES.

Hyponatremia is the most frequent electrolyte disorder among inpatients, related to an increase of morbimortality. A common cause of hyponatremia is the Syndrome of Inadequate secretion of Anti-Diuretic Hormone (SIADH). On the last few years tolvaptan, a vasopressin receptor antagonist, became available for treating this syndrome, and has been included in most guidelines.

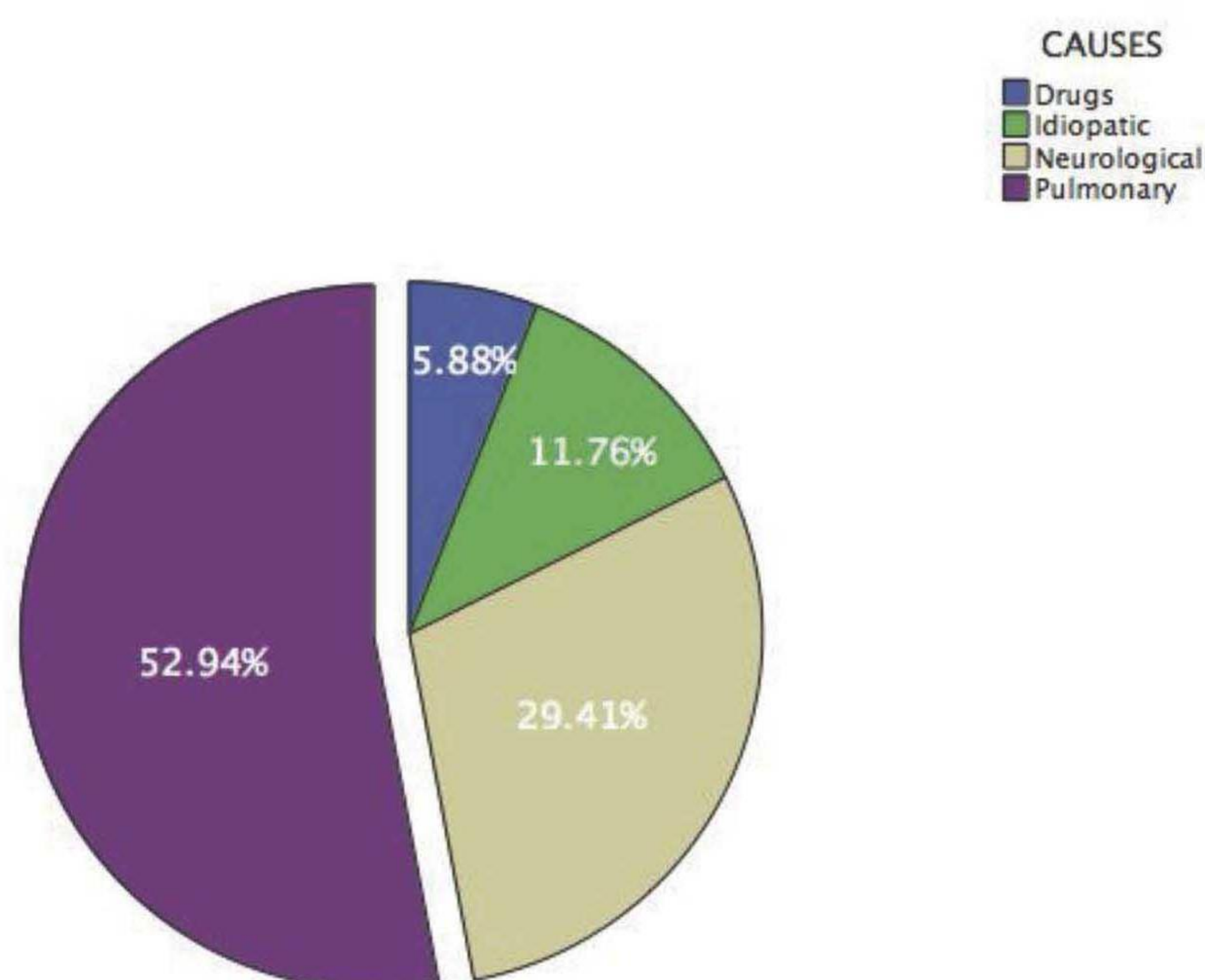
Our aim is to assess the clinical profile of inpatients treated from SIADH with tolvaptan.

METHODS.

This is an observational retrospective study from december 2013 to march 2016 in a hospital of around 250 beds. We examined patient demographics, medical history, clinical presentations and laboratory findings of all inpatients on medical services that had treatment with tolvaptan and had the diagnosis of SIADH on their records.

RESULTS.

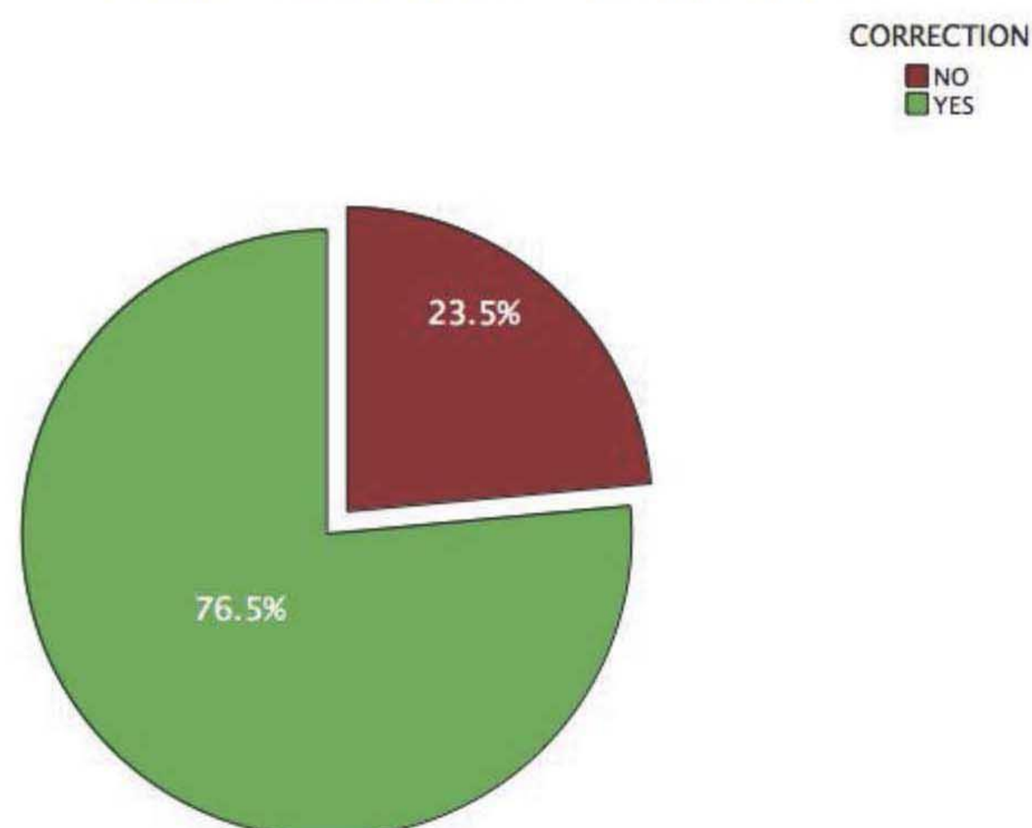
Of 24 patients, 4 were discarded because of an off-label use and 3 because they didn't match analytic criteria for SIADH. Twelve patients were men (70.59%) and 5 women (29,41%). Main results are exposed on the table. The mean of sNa at diagnosis was 125 mEq/l, with 29.41% patients with severe hyponatremia according to the Spanish Society of Nephrology criteria. The leading causes were pulmonary diseases (52.94%) with more than half of them being small cell lung cancer (SCLC) (29.41%). Treatment achieved normonatremia in 76.5% patients without significant decrease in renal function. Hospital stay was a mean of 27.47 days.



Main results (Mean±sd)

	Men	Women	Total
Gender frec(%)	12 (70,59%)	5 (29,41%)	17 (100%)
Age (yrs)	65,06 ± 12,73	77,2 ± 9,31	68,64 ± 12,86
sNa (mEq/l)	126,33 ± 5,17	124,41 ± 8,98	125,76 ± 6,28
sOsm (mOsm/Kg)	259,75 ± 12,67	254,6 ± 19,08	258,23 ± 14,39
sCr (mg/dl)	1,04 ± 0,66	1,13 ± 0,93	1,06 ± 0,72
uNa (mEq/l)	109.16 ± 69,58	89,85 ± 45,89	103,47 ± 62,75
uOsm (mOsm/Kg)	541,16 ± 166,83	544 ± 123,67	542 ± 151,52
sCr 48 h (mg/dl)	0,84 ± 0,31	0,79 ± 0,27	0,82 ± 0,29
sNa discharge (mEq/l)	137 ± 4	135,8 ± 1,78	136,65 ± 3,48
sOsm discharge(mOsm/Kg)	284,33 ± 10,51	315 ± 78,65	293,35 ± 42,77
sCr discharge (mg/dl)	0,89 ± 0,33	0,78 ± 0,31	0,85 ± 0,32
Hospital stay (days)	28,41 ± 17,91	25,2 ± 12,23	27,47 ± 16,13

Correction of hyponatremia with treatment



CONCLUSIONS.

Majority of the patients in our study had SIADH with an underlying pulmonary disease, half of them an SCLC.

Treatment including tolvaptan was safe, with no renal function decrease, and reached target in at least 3 of every 4 patients.

BIBLIOGRAPHY.

Gross P. Clinical Management of SIADH. Ther Adv Endocrinol Metab (2012) 3(2) 61–73

Abdulla MC, Alungal J, Salih M. Syndrome of inappropriate antidiuretic hormone secretion in hospital inpatients: a descriptive study in a tertiary care centre in South India. Int J Res Med Sci. 2015; 3(3): 659-662.

De las Peñas R, Ponce S, Henao F, Camps Herrero C, Carcereny E, Escobar Álvarez Y, et al. SIADH-related hyponatremia in hospital day care units: clinical experience and management with tolvaptan. Supportive Care in Cancer. 2016;24(1):499-507.

DOI: 10.3252/pso.eu.54ERA.2017
ePosters supported by F. Hoffmann- La Roche Ltd.

PosterSessionOnline.com