

PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES > VASOPRESSIN AND ANALOGUES

Desmopressin

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- **DRUG ACTION** Desmopressin is an analogue of vasopressin.

● INDICATIONS AND DOSE

Diabetes insipidus, treatment

- ▶ BY MOUTH
 - ▶ Child 1-23 months: Initially 10 micrograms 2–3 times a day, adjusted according to response; usual dose 30–150 micrograms daily
 - ▶ Child 2-11 years: Initially 50 micrograms 2–3 times a day, adjusted according to response; usual dose 100–800 micrograms daily
 - ▶ Child 12-17 years: Initially 100 micrograms 2–3 times a day, adjusted according to response; usual dose 0.2–1.2 mg daily
 - ▶ Adult: Initially 100 micrograms 3 times a day; maintenance 100–200 micrograms 3 times a day; usual dose 0.2–1.2 mg daily
- ▶ BY SUBLINGUAL ADMINISTRATION
 - ▶ Child 2-17 years: Initially 60 micrograms 3 times a day, adjusted according to response; usual dose 40–240 micrograms 3 times a day
 - ▶ Adult: Initially 60 micrograms 3 times a day, adjusted according to response; usual dose 40–240 micrograms 3 times a day
- ▶ BY INTRANASAL ADMINISTRATION
 - ▶ Child 1-23 months: Initially 2.5–5 micrograms 1–2 times a day, adjusted according to response
 - ▶ Child 2-11 years: Initially 5–20 micrograms 1–2 times a day, adjusted according to response
 - ▶ Child 12-17 years: Initially 10–20 micrograms 1–2 times a day, adjusted according to response
 - ▶ Adult: 10–40 micrograms daily in 1–2 divided doses
- ▶ BY SUBCUTANEOUS INJECTION, OR BY INTRAVENOUS INJECTION, OR BY INTRAMUSCULAR INJECTION
 - ▶ Adult: 1–4 micrograms daily

Primary nocturnal enuresis

- ▶ BY MOUTH
 - ▶ Child 5-17 years: 200 micrograms once daily, only increased to 400 micrograms if lower dose not effective; withdraw for at least 1 week for reassessment after 3 months, dose to be taken at bedtime, limit fluid intake from 1 hour before to 8 hours after administration
 - ▶ Adult 18-65 years: 200 micrograms once daily, only increased to 400 micrograms if lower dose not effective; withdraw for at least 1 week for reassessment after 3 months, dose to be taken at bedtime, limit fluid intake from 1 hour before to 8 hours after administration
- ▶ BY SUBLINGUAL ADMINISTRATION
 - ▶ Child 5-17 years: 120 micrograms once daily, increased if necessary to 240 micrograms once daily, dose to be taken at bedtime, limit fluid intake from 1 hour before to 8 hours after administration, dose to be increased only if lower dose not effective, reassess after 3 months by withdrawing treatment for at least 1 week
 - ▶ Adult 18-65 years: 120 micrograms once daily, increased if necessary to 240 micrograms once daily, dose to be taken at bedtime, limit fluid intake from 1 hour before to 8 hours after administration, dose to be increased only if lower dose not effective, reassess after 3 months by withdrawing treatment for at least 1 week

Postoperative polyuria or polydipsia

- ▶ BY MOUTH
 - ▶ Adult: Dose to be adjusted according to urine osmolality

Polyuria or polydipsia after hypophysectomy

- ▶ BY SUBLINGUAL ADMINISTRATION
 - ▶ Adult: Dose to be adjusted according to urine osmolality

Idiopathic nocturnal polyuria in females

- ▶ BY SUBLINGUAL ADMINISTRATION
 - ▶ Adult: 25 micrograms daily, to be taken 1 hour before bedtime

Idiopathic nocturnal polyuria in males

- ▶ BY SUBLINGUAL ADMINISTRATION
 - ▶ Adult: 50 micrograms daily, to be taken 1 hour before bedtime

Diabetes insipidus, diagnosis (water deprivation test)

- ▶ BY INTRANASAL ADMINISTRATION
 - ▶ Adult: 20 micrograms, limit fluid intake to 500 mL from 1 hour before to 8 hours after administration
- ▶ BY INTRAMUSCULAR INJECTION, OR BY SUBCUTANEOUS INJECTION
 - ▶ Adult: 2 micrograms for 1 dose, limit fluid intake to 500 mL from 1 hour before to 8 hours after administration

Nocturia associated with multiple sclerosis (when other treatments have failed)

- ▶ BY INTRANASAL ADMINISTRATION
 - ▶ Adult 18-65 years: 10–20 micrograms once daily, to be taken at bedtime, dose not to be repeated within 24 hours, limit fluid intake from 1 hour before to 8 hours after administration

Renal function testing

- ▶ BY INTRANASAL ADMINISTRATION
 - ▶ Adult: 40 micrograms, empty bladder at time of administration and limit fluid intake to 500 mL from 1 hour before until 8 hours after administration to avoid fluid overload
- ▶ BY SUBCUTANEOUS INJECTION, OR BY INTRAMUSCULAR INJECTION
 - ▶ Adult: 2 micrograms, empty bladder at time of administration and restrict fluid intake to 500 mL from 1 hour before until 8 hours after administration to avoid fluid overload

Mild to moderate haemophilia and von Willebrand's disease

- ▶ BY INTRANASAL ADMINISTRATION
 - ▶ Adult: 300 micrograms every 12 hours if required, one 150 microgram spray into each nostril, 30 minutes before surgery or when bleeding, dose may alternatively be repeated at intervals of at least 3 days, if self-administered
- ▶ BY INTRAVENOUS INFUSION, OR BY SUBCUTANEOUS INJECTION
 - ▶ Adult: 300 nanograms/kg for 1 dose, to be administered immediately before surgery or after trauma; may be repeated at intervals of 12 hours

Fibrinolytic response testing

- ▶ BY INTRANASAL ADMINISTRATION
 - ▶ Adult: 300 micrograms, blood to be sampled after 1 hour for fibrinolytic activity, one 150 microgram spray to be administered into each nostril
- ▶ BY SUBCUTANEOUS INJECTION, OR BY INTRAVENOUS INJECTION
 - ▶ Adult: 300 nanograms/kg for 1 dose, blood to be sampled after 20 minutes for fibrinolytic activity

Lumbar-puncture-associated headache

- ▶ BY INTRAMUSCULAR INJECTION, OR BY SUBCUTANEOUS INJECTION
 - ▶ Adult: (consult product literature)