
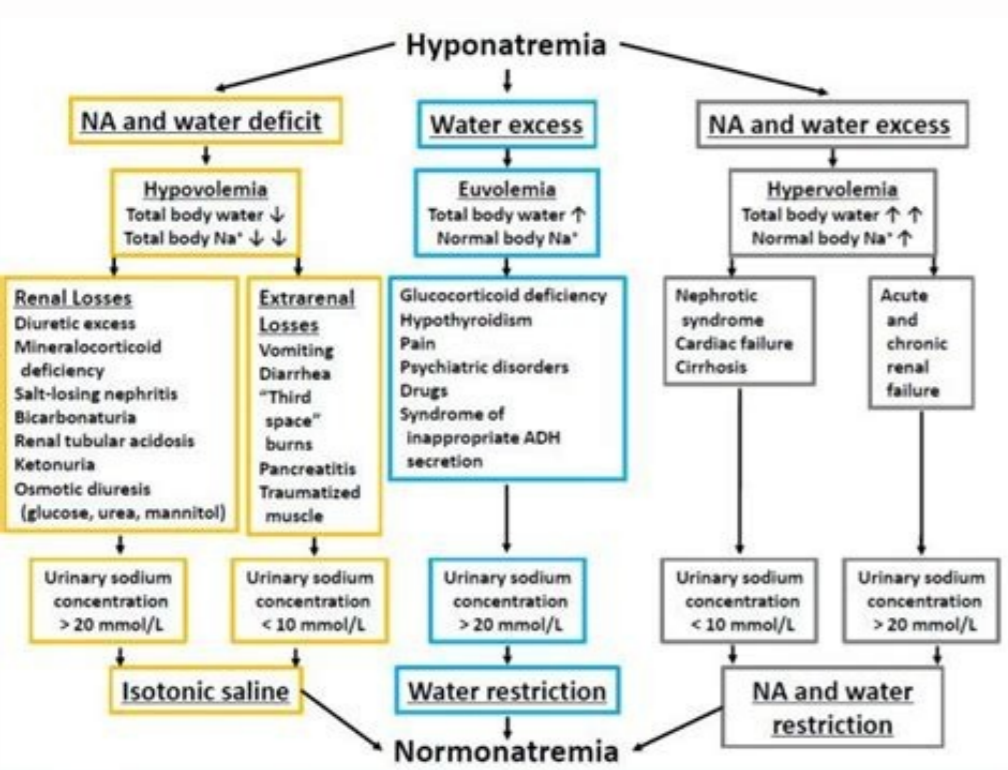
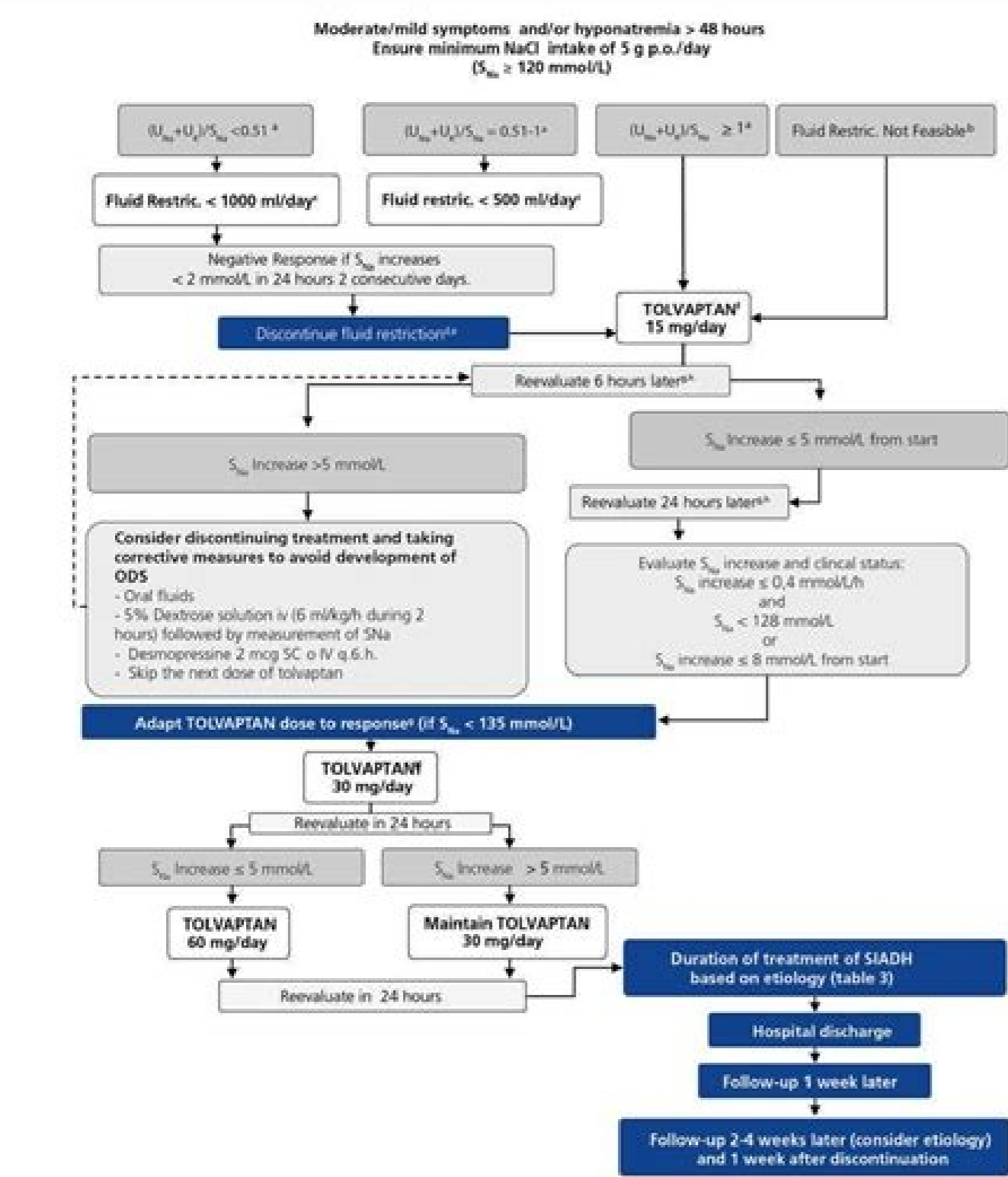


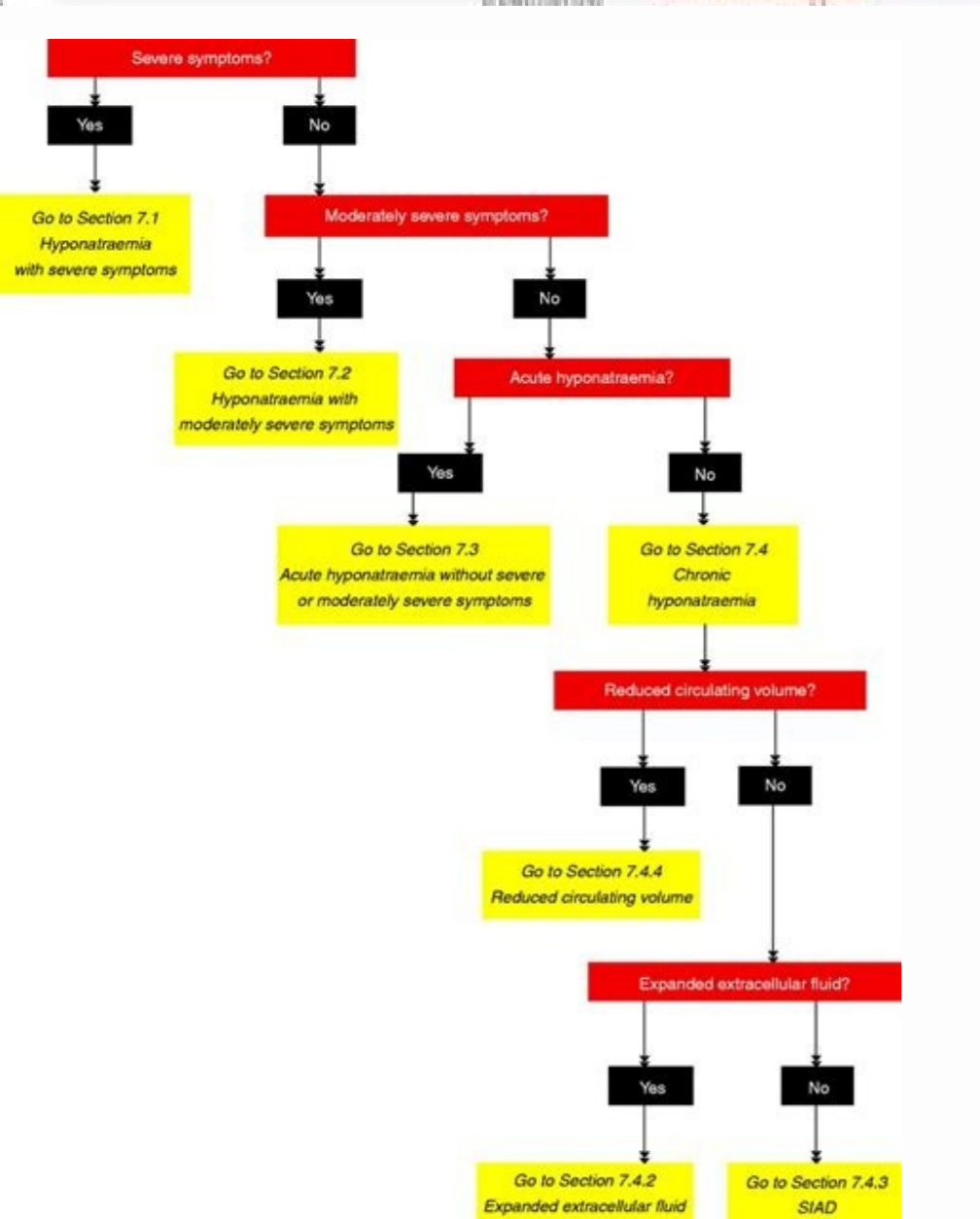
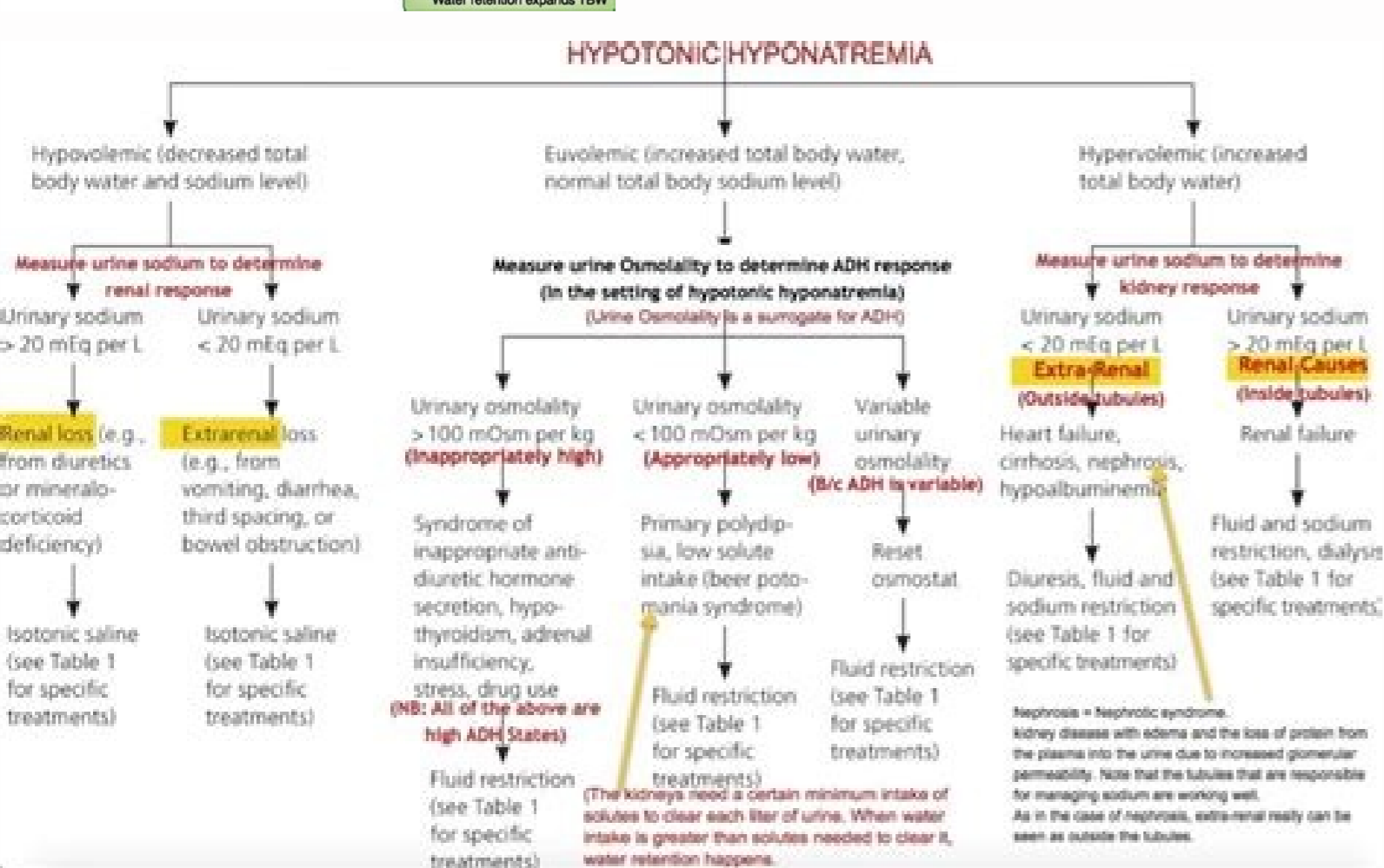
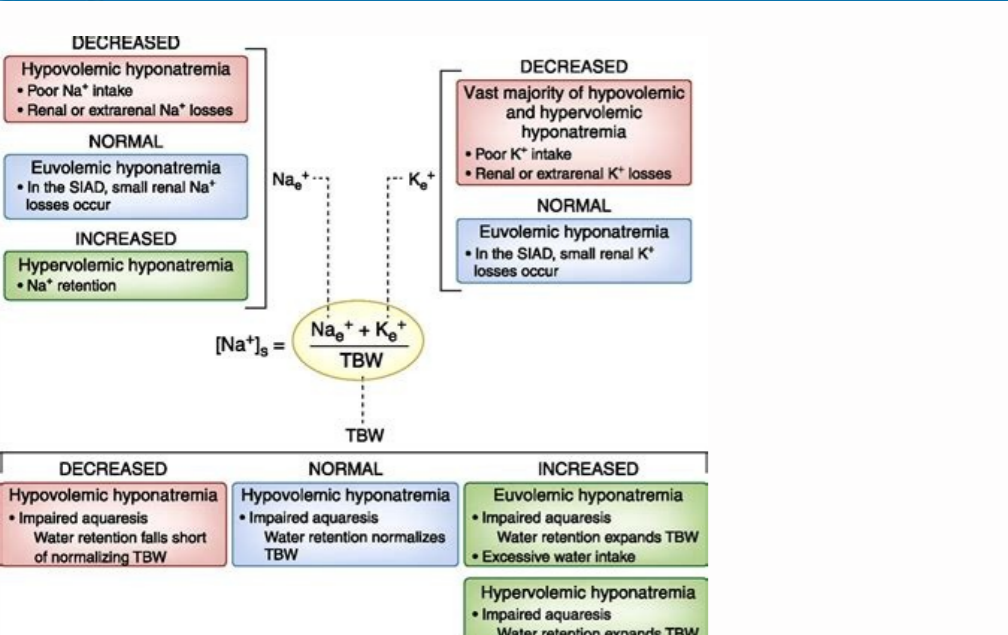
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European guidelines for management of hyponatremia



Metabolic



For patients with SIADH and moderate or deep hyponatremia, the first line treatment must be a fluid restriction, indicates the guide. And the complications of the most slight cases of hyponatremia may include deteriorated mobility and cognition, as well as osteoporosis and fracture. We think that this should allow a more timely intervention and, consequently, to save lives. For those with reduced circulation volume, the extracellular volume must be restored with the intravenous infusion of 0.9% saline or a crystalloid solution balanced 0.5 to 1.0 ml / kg per hour. The guidelines recommend that any men's-based doctor should be able to diagnose, classify and discuss hyponatremia, which occurs in up to 30% of hospitalized patients. "Hyponatremia, defined as a saturated sodium concentration of less than 135 mmol / L, is the most common disorder of body fluid and the equilibrium of the electrolyte found in the clinical practice," write to enjoy spasovski, md, phd, from the Skopje University State Hospital, Macedonia and colleagues from the Hyponatremia Guide Development Group. The authors' guidelines have not reported relevant financial relationships. However, a difficulty is that the treatment of severe hyponatremia entails walking a very fine line, said Dr. Alolio, because overcorrection also represents a real danger. In addition, the committee of guidelines determined that "there are also no good results results [with vaptans]," he said. Excess body water compared to sodium and potassium results in a cellular edema, particularly in the brain. A wide range of conditions can cause hyponatremia, including heart failure, nausea and vomiting, adrenal insufficiency and the secretion of ectopic vasopressin as part of a malignancy "and, as a result, is by the mDoctors of a wide spectrum of background. These can be done in point urine samples and do not need to involve 3 urine collection for hours, Dr. Alolio said. "If you don't measure urine and sodium urine, the key parameters for classification are not on board, and do not know what is happening ". If the osmolality of the urine is greater than 100 mOsm/kg and the urine sodium concentration is 30 mmol/l or less, low effective arterial. Volume can be a cause of hyponatremia. "You want to have a benefit beyond sodium correction, but there is no data on improved survival or better quality of life." And although the lack of outcome data also applies to other treatments for Hyponatremia, with respect to vaptans, "we have very potent drugs that can lead to overcorrection and without really important outcome measures." However, there is an additional distinction that can be made when considering the use of these new agents, he said. In this case, the first line of treatment will be an intravenous infusion of hypertonic saline, with a target increase of 6 mmol/l for 24 hours (and not to exceed 12 mmol/l) and an additional 6 mmol/l for every 24 hours thereafter until tSerum sodium concentration reaches 130 mmol/l. If the urine osmolality is low (

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