

Understanding desmopressin (DesmoMelt®)



A guide for parents and carers

Why has my child been prescribed Desmopressin?

Desmopressin is used to help treat bedwetting. Bedwetting is sometimes called enuresis or nocturnal enuresis. It is a medical condition, where the bladder empties during sleep, so the bed gets wet.

How does desmopressin work?

Normally the body makes more of a hormone called vasopressin during the night than it does during the day. This hormone tells the kidneys to make less urine (wee).

Therefore, because more vasopressin is made during sleep, the kidneys make less urine during this time. As a result, the bladder does not get too full during the night. Therefore, it can hold all the urine made during sleep. That is why most people can go all night without needing to go to the toilet.

Some children do not produce enough vasopressin at night. These children make almost as much urine during the night as they do during the day. Because of this their bladders become full before the morning. If the child is to stay dry they need to be able to wake up and go to the toilet. If they are not able to wake up to the full bladder signals, as is the case for many children, their full bladders let go and their bed gets wet. They stay asleep when this happens.

Making a large amount of urine at night is sometimes called nocturnal polyuria. Desmopressin has been used to treat bedwetting in both children and adults since the 1980s. It behaves like vasopressin. It tells the kidneys to make less urine during the night.

For children who respond well to Desmopressin, the night-time urine production reduces to normal levels. Therefore, the child's bladder can hold all the urine made until the morning, so that the child can stay dry while they sleep.

Desmopressin is available as a tablet or a melt (Desmomelt®)

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What is different about DesmoMelt®?

DesmoMelt® has been specially designed to be as safe to use as the tablet form of Desmopressin. However, unlike a tablet, DesmoMelt® does not need to be swallowed. When it is put under the tongue it dissolves quickly into the saliva. The DesmoMelt® is then absorbed and goes straight to the kidneys to start work. This means that more of the active part of the medicine is absorbed (known as enhanced bioavailability). Therefore, DesmoMelt® can be given in a lower dose than the tablet.

Children usually find DesmoMelt® easier to take than a tablet, as they do not need to swallow it and do not need to have a drink with it.

Is DesmoMelt® suitable for everyone?

DesmoMelt® is suitable for children over 5 years of age and for adults who are less than 65 years old. Desmopressin should not be used for children who have cardiovascular (heart) disease or who take diuretics (medications that help the kidneys produce more urine). It should not be used in children who have high blood pressure.

Should any special care be taken when using Desmopressin or DesmoMelt®?

Special care should be taken when using Desmopressin or DesmoMelt® with children who have problems with their kidneys or who have cystic fibrosis. If your child has one of these conditions make sure you ask their paediatrician (consultant) if it is alright for them to have desmopressin before giving it.

It is very important that children having any form of Desmopressin for bedwetting, including DesmoMelt®, do not drink for one hour before taking Desmopressin and for eight hours afterwards. Desmopressin should not be taken during any illness, including diarrhoea and /or vomiting, or if your child has a raised temperature.

Desmopressin should not be given on nights where your child has drunk a large amount of fluid, including during swimming, or is likely to drink alcohol (for example teenagers) before going to bed.

Are there any side effects associated with Desmopressin?

Desmopressin works by reducing the amount of urine produced. If the child has a lot to drink in the hour before going to bed and then takes

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Desmopressin, the extra fluid will not be able to be passed out of the body. It will collect in the body causing fluid retention. This is sometimes called hyponatremia. Symptoms of hyponatremia include headache, feeling sick and vomiting. Hyponatremia can be mild or a serious medical condition. This can be avoided by making sure your child does not have anything to drink for an hour before and eight hours after taking Desmopressin, as advised.

Other possible side effects include headache, stomach pain and feeling sick. Rarely, allergic reactions and emotional disorders including aggression in children have been reported.

If you think your child may be experiencing any side effects, stop giving the Desmopressin and talk to your doctor, pharmacist or nurse. This includes for any possible side effects not listed in the package leaflet.

Can my child take Desmopressin while they are taking other medicines?

If your child is taking any other medicines, make sure you tell your doctor or nurse before giving them Desmopressin.

Medicines to be particularly careful about include:

- Tricyclic antidepressants
- Chlorpromazine
- Carbamazepine
- Loperimide (Imodium) and other medicines that slow gut transit
- Non-steroidal anti-inflammatory drugs such as ibuprofen

All of these may increase the effect that Desmopressin has. This means that they may reduce urine production more than with Desmopressin on its own and so increase the risk of water retention and / or hyponatraemia.

What dose of DesmoMelt® should my child have?

DesmoMelt® is designed to be placed in the mouth under the tongue. Your child's doctor or nurse will tell you what dose your child should have. Always follow their advice and check with them if you are not sure.

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The usual starting dose is 120 mcg. If children still have some wetting a week after starting DesmoMelt® they may be advised to increase the dose to 240 mcg (maximum dose).

DesmoMelt® comes in two strengths, 120mcg and 240mcg. Children should never have more than a total of 240mcg per night. DesmoMelt® should be given at bedtime or, if possible, up to an hour before your child goes to bed.

Desmopressin tablets come in 200mcg strength. 200mcg tablet is equivalent to 120mcg DesmoMelt®.

How long can my child take desmopressin for?

After 12 weeks of taking Desmopressin your child should have a week without it. This is to see if your child still needs it or can stay dry without it. If your child is wet for two or more nights in the week without Desmopressin it can be restarted for a further 12 weeks. This three-monthly cycle can continue for as long as necessary. If your child is dry in the week without the Desmopressin, they do not need to start taking it again as their body has learned to keep them dry without it. In practice most children need to take Desmopressin for 6 – 12 months (with a week-long break after every 12 weeks), but they can stay on it for years if necessary.

If Desmopressin does not work, you should talk to your child's healthcare professional. Some children need other treatment instead of, or at the same time as Desmopressin. Some children respond better to DesmoMelt® than to Desmopressin tablets.

As with all medication it is important that you always read the information sheet which comes with the Desmopressin and that you contact your health care professional if you have any questions or concerns.

Where can I get more information about desmopressin?

There will be an information sheet in the box with the Desmopressin. Your pharmacist, or healthcare professional will also be able to give you more information and advice.

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Further advice

Always follow advice given to you by your child's doctor or nurse. Talk to them if you have any questions or concerns.

You may also contact the Bladder & Bowel UK confidential helpline through the website.

Further information

Find more information about child bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the Bladder & Bowel UK confidential helpline (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.
