**Guidance for patients with diabetes insipidus in the era of Covid 19**

Wass J, Department of Endocrinology, Oxford Centre for Diabetes, Endocrinology and Metabolism, Churchill Hospital, Oxford

Baldeweg S E, Consultant Endocrinology UCLH, Chair of the Clinical Committee Society for Endocrinology

This guidance is for patients with established diabetes insipidus.

1. It is important for patients to have clarity on their diagnosis. Severe outcomes can happen if doses of DDAVP are omitted.
2. The name ‘diabetes insipidus’ is important and clarity of what this means particularly to the initial medical staff admitting the patient is essential. It must not be confused with diabetes mellitus.
3. In patients with diabetes insipidus it is not more easy catch Covid 19. However there is a more serious risk of sodium problems if Covid 19 is diagnosed in patients with diabetes insipidus.
4. Patients should ensure that they have adequate supplies of their DDAVP - six weeks spare.
5. Occasionally the nasal spray will need to be changed to oral if nasal symptoms occur. DDAVP is available as tablets, intranasal, sublingual and intramuscular injection.
6. If a patient catches Covid 19 there is a greater risk of dehydration because of increased fluid requirements and of pulmonary oedema because of the effects that Covid 19 can have on the lungs.
7. Patients with cortisol deficiency in association with their diabetes insipidus are more prone to get into problems.
8. As outpatients thirst remains the paramount symptom and patients are otherwise well during the Covid 19 crisis.
9. In patients who don't have a sense of thirst this is more complicated and regular prescriptions of DDAVP are important. A constant fluid intake daily and regular weighing is important.
10. Generally in patients who are otherwise well during this crisis, it is a good idea to omit a dose per week to make sure that the sodium does not become too low and the patient fluid overload.
11. There should be an alert system for patients with diabetes insipidus when they come into hospital.
12. It is essential that an endocrinologist is contacted when the patient with diabetes insipidus comes into hospital for careful monitoring of the diabetes insipidus. Every patient with diabetes insipidus who comes into hospital should be under the care or joint care with an endocrinologist.
13. For those patients who are orientated they need access to water and then their normal DDAVP dose. The sodium should be checked. As above it is good idea to omit a dose per week. The weight should be regularly monitored.
14. In patients who are unconscious at least 12 hourly assessments of renal function and fluid balance is important because rapid dehydration can occur.
15. In patients who are significantly unwell sodium and renal function should be measured. Management should be as a medical emergency with sodium levels measured every four hours. Usually intravenous or intramuscular DDAVP is given.

[Endocr Connect.](https://www.ncbi.nlm.nih.gov/pubmed/?term=baldeweg+ball+endocrine+connections+2018) 2018 Jul;7(7):G8-G11. doi: 10.1530/EC-18-0154. **SOCIETY FOR ENDOCRINOLOGY CLINICAL GUIDANCE: Inpatient management of cranial diabetes insipidus.** [Baldeweg SE](https://www.ncbi.nlm.nih.gov/pubmed/?term=Baldeweg%20SE%5BAuthor%5D&cauthor=true&cauthor_uid=29930026)1, [Ball S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ball%20S%5BAuthor%5D&cauthor=true&cauthor_uid=29930026)2, [Brooke A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Brooke%20A%5BAuthor%5D&cauthor=true&cauthor_uid=29930026)3, [Gleeson HK](https://www.ncbi.nlm.nih.gov/pubmed/?term=Gleeson%20HK%5BAuthor%5D&cauthor=true&cauthor_uid=29930026)4, [Levy MJ](https://www.ncbi.nlm.nih.gov/pubmed/?term=Levy%20MJ%5BAuthor%5D&cauthor=true&cauthor_uid=29930026)5, [Prentice M](https://www.ncbi.nlm.nih.gov/pubmed/?term=Prentice%20M%5BAuthor%5D&cauthor=true&cauthor_uid=29930026)6, [Wass J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wass%20J%5BAuthor%5D&cauthor=true&cauthor_uid=29930026)7; [Society for Endocrinology Clinical Committee](https://www.ncbi.nlm.nih.gov/pubmed/?term=Society%20for%20Endocrinology%20Clinical%20Committee%5BCorporate%20Author%5D).

Christ Crane European Journal of Endocrinology, In Press