

**Harvard Medical School Department of  
Continuing Education and the Renal Division  
of Brigham and Women's Hospital**



***Nephrology Rounds***  
**May 2007**

**Treatment of the Syndrome of Inappropriate ADH Secretion and the  
Emergence of Vasopressin Antagonists for Hyponatremic Disorders**

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**Objectives**

This issue of *Nephrology Rounds* will:

- describe how treatment for the syndrome of inappropriate ADH secretion (SIADH) has evolved
- provide an overview of the vasopressin antagonists
- examine the use of vasopressin antagonists in hypervolemic hyponatremic patients

**Questions:**

1. The administration of saline reliably increases serum sodium (Na) in patients with SIADH.

True       False

2. In a patient with urinary Na of 120 mEq/L and urinary potassium (K) of 28 mEq/L, a 1000 cc/d water restriction will correct serum Na.

True       False

3. Vasopressin antagonists increase electrolyte free water excretion, but not urinary solute excretion.

True       False

4. Vasopressin antagonists can be used in lieu of 3% sodium chloride (NaCl) in symptomatic acutely hyponatremic symptomatic patients.

True       False

5. Correction of hyponatremia has been associated with an improvement in the mental, but not the physical component of the SF-12 General Health Survey.

True       False

6. The effect of V2 antagonists to increase serum Na is most likely a class effect since all members of the class have been shown to be effective in SIADH.

True       False

7. Vasopressin antagonists are partially helpful in hyponatremic patients with heart failure since they have been shown to decrease mortality in this population.

True       False

To receive AMA category 1 credit, you must correctly answer 60% of the test questions.

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