

# NOCTURIA

WHAT'S KEEPING YOU UP AT NIGHT?

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# NOCTURIA

Bedroom or Bathroom?

Where do you spend more of your night?



# NOCTURIA

- Objectives

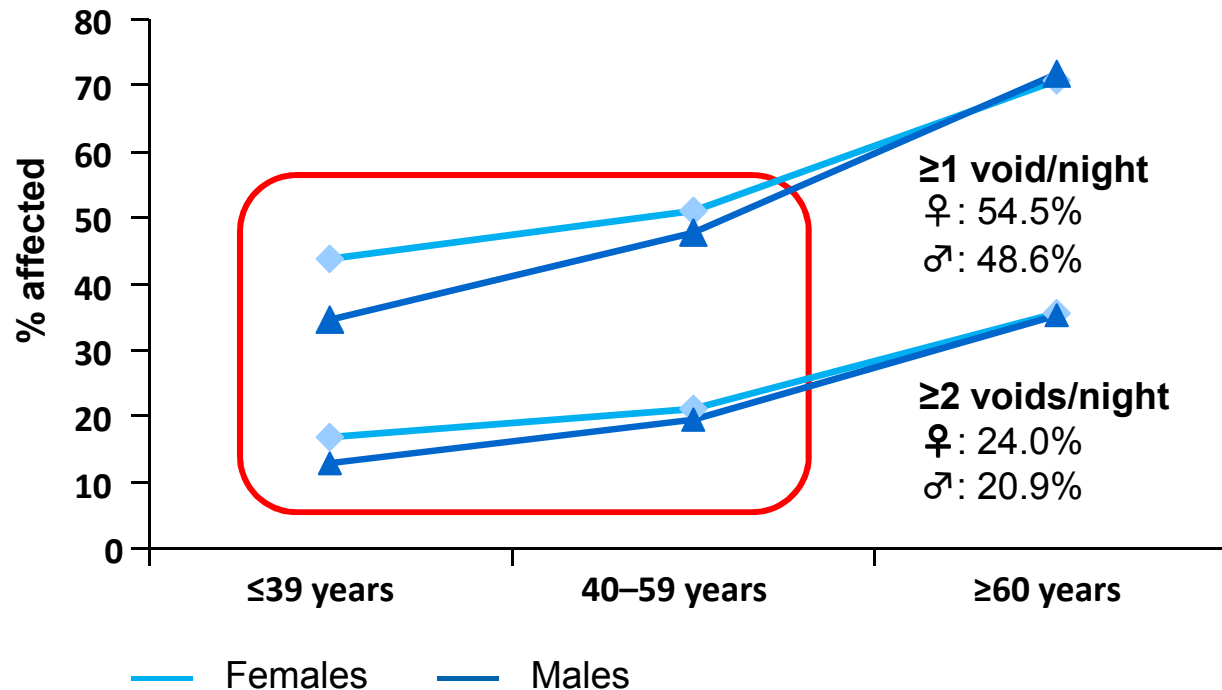
Be more knowledgeable in the diagnosis and treatment of nocturia

Differentiate between urological causes of nocturia

Select appropriate treatment options

# Nocturia affects both sexes equally and not just the elderly

EPIC study: survey of 19,165 adults in Europe and Canada



13–17% younger people (<40 years of age) report ≥2 voids/night

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- IMPACT – most common cause of sleep disturbance

Lack of sleep affects daily function

mood disturbances

cognitive and memory issues

decreased performance at work

# NOCTURIA

- Impact on quality of life and health  
falls  
depression  
Impact on partners  
healthcare costs  
cardiovascular disease

**SLEEPING IS IMPORTANT**

# NOCTURIA

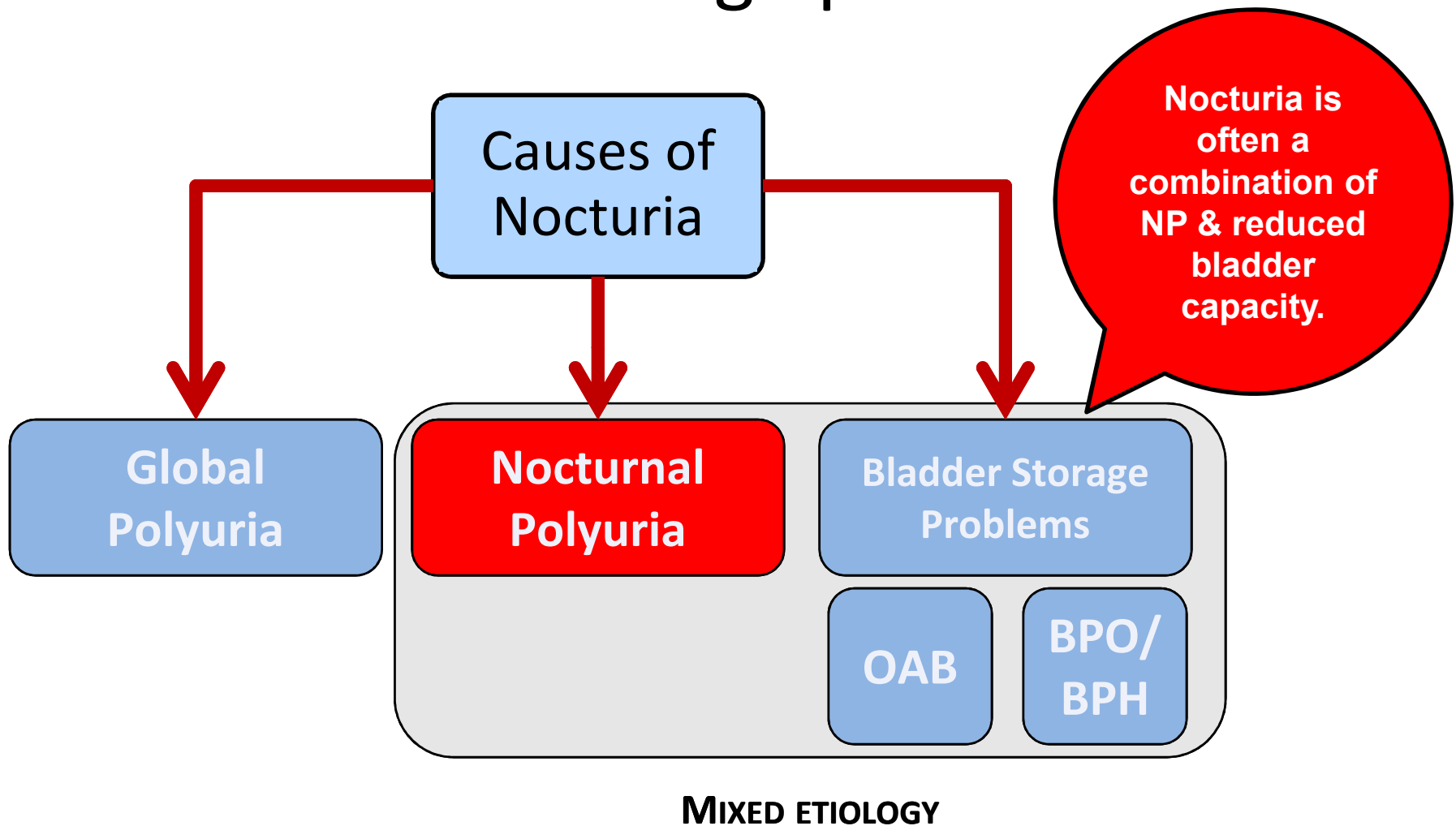
- Nocturia is multifactorial
  - untreated diabetes
  - estrogen deficiency
  - urological causes
  - sleep/psychological problems
  - undiagnosed C/V disease

Often a combination of nocturnal polyuria and decreased bladder capacity

Need to separate out symptoms of OAB

Need to address causative symptoms first

...and is often only attributed to bladder storage problems





# NOCTURIA

- A urological condition where patients awake more than 2 times a night to void
- Very under-reported condition
- Most common complaint of OAB/LUTS
- Very difficult condition to manage
- Accurate diagnosis is crucial

# NOCTURIA

- OAB (overactive bladder)  
“urgency with or without urge incontinence usually associated with frequency and nocturia “
- Stress Incontinence  
“ involuntary loss of urine on effort or physical exertion (sports ) or sneezing or coughing “

# NOCTURIA

- Nocturnal Polyuria

abnormally large volume of urine during sleep

decreased production of ADH(anti-diuretic hormone)

large volumes voided at night

young >20% of daily output

elderly > 33% of daily output

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- Common in OAB and BPH
- 62% of OAB patients reported nocturia
- 85% of BPH patients reported nocturia
- Even if daytime LUTS symptoms are treated with medication for OAB or BPH  
Nocturia is **NOT** resolved  
need to address NP for nocturia management

# NOCTURIA

- CAUSES – physiological
  - Numerous and multisystem in nature
  - No single cause
  - Increased urine production(diurnal polyuria)
  - Increased volume at night (nocturnal polyuria)
  - Nocturnal polyuria found in majority of patients so now focus of medical treatment

# NOCTURIA

- Causes

- poor sleep patterns

- habitual

- excessive fluid intake

- caffeine and alcohol intake

- aging

- BPH/OAB

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- Clinical evaluation

Key is history:

- Sleep patterns
- Fluid intake
- Prior urological conditions
- Medications
- Fluid intake
- Dysuria/Haematuria
- Voided volumes

# NOCTURIA

- Clinical Evaluation

not enough to ask how much they void

little is “normal”

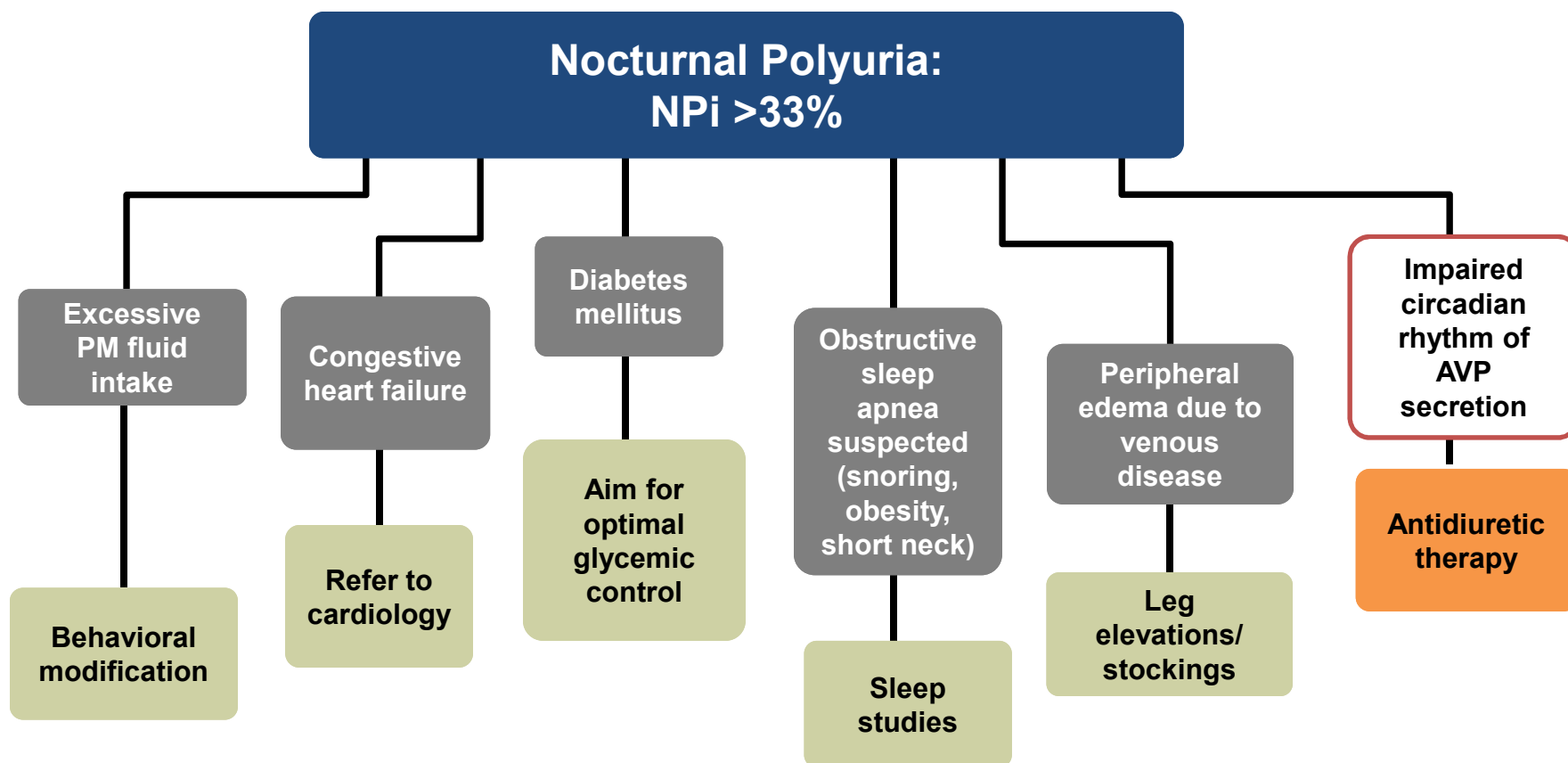
large amounts “not normal”

FVC/ Voiding diary

optimal 24 hours – great teaching tool



# Underlying Conditions and Management



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- Management
  - timed diuretic meds
  - FVR
  - education
  - sources for knowledge
  - surgical therapy for urological conditions

# NOCTURIA

- Medical Management
  - replace missing ADH
  - Vasopressin produced by pituitary
  - when lacking or not produced need to replace
  - recent trials create optimal dose with least side effects
  - only AD therapy specifically indicated for nocturia

# Low Dose Desmopressin Use: Key Considerations

- Desmopressin ODT is **contraindicated** in patients with:
  - Habitual or psychogenic polydipsia
  - Hyponatremia or a history of hyponatremia
  - Moderate to severe renal impairment
  - History of known or suspected cardiac insufficiency (heart failure) and other conditions requiring treatment with diuretics
  - Known or suspected SIADH
  - Type IIB or platelet-type (pseudo) von Willebrand's disease
  - Medical conditions, which lead to sodium losing states
    - E.g., nausea, bulimia, anorexia nervosa, chronic vomiting, diarrhea, adrenocortical insufficiency and salt losing nephropathies

# DESMOPRESSIN KEY CLINICAL SUMMARY

Women (25 µg)	Men (50 µg)
<b>Efficacy and safety results</b>	
<ul style="list-style-type: none"> <li>✓ Reduced nighttime voids</li> <li>✓ No serum sodium &lt;125 mmol/L observed</li> <li>✓ Initial period of undisturbed sleep</li> <li>✓ Durability of effect maintained and sometimes improved with treatment up to 96 weeks</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reduced nighttime voids</li> <li>✓ No adult males &lt;65 years had serum sodium ≤125 mmol/L</li> <li>✓ Initial period of undisturbed sleep</li> </ul>
<b>Serum sodium monitoring</b>	
<ul style="list-style-type: none"> <li>✓ <b>Baseline sodium measurement is required to ensure normal range</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Baseline sodium measurement is required to ensure normal range</b></li> <li>✓ <b>Elderly men ≥65 years of age require additional serum monitoring within 4–8 days after initiation and at 1 month of treatment</b></li> </ul>

# NOCTURIA

- Conclusion

Nocturia is a bothersome condition

Nocturnal Polyuria is common and under-reported

OAB and BPH therapies for daytime OAB do not change nocturia

Use of AD therapy should be considered for patients bothered by nocturia

# NOCTURIA

**RIGHT PATIENT**  
**RIGHT TREATMENT**  
**RIGHT OUTCOME**

A panda is shown resting on a large, textured rock. The panda is black and white, with its head resting on the rock. In the background, a large, glowing full moon is visible against a dark sky. Pink flowers with green leaves are scattered around the panda and the rock. The text "Good Night Sleep Tight" is written in a white, gothic-style font in the upper right corner.

Good Night  
Sleep Tight

My Angel Friends  
See You In  
The Morning  
Light!