European Society of Intensive Care Medicine – Press Release

Under embargo until 11am GMT, Tuesday 25 February 2014

**Tackling a complex disorder that affects nearly a third of hospitalised patients**

Simple guidelines to help diagnose and treat Hyponatraemia, or ‘salt-water imbalance’, a condition that occurs in up to 30% of hospitalised patients were published today in the journal *Intensive Care Medicine*. These long anticipated guidelines recommend that **every hospital-based clinician must be able to correctly diagnose, classify and treat hyponatraemia**, which is associated with morbidity, mortality and longer length of hospital stay in a wide range of conditions.

Hyponatraemia is a complicated disorder of water balance, with a relative excess of body water compared to sodium and potassium (defined as a serum sodium concentration <135mmol/l). It has a wide variety of underlying causes, and may result in swelling (known as cellular oedema). Cells of the brain are particularly vulnerable to damage by swelling, making severe cases medical emergencies. Milder cases can be associated with impaired mobility and cognition, as well as osteoporosis and fracture in chronic conditions.

The guideline development group, comprising representatives from the European Society of Intensive Care Medicine (ESICM), the European Society of Endocrinology (ESE) and the European Renal Association – European Dialysis and Transplant Association (ERA–EDTA), conducted a literature review to collate the best available evidence on the diagnosis and management of hypotonic hyponatraemia.

The guidelines describe a pathway for diagnosis, which is less reliant on specialist laboratory resources, and can be conducted in the general hospital setting, in particular during ‘out-of-office hours’.

The treatment pathway described in the document focuses more closely on the patients’ symptoms, giving lower priority to biochemical diagnosis. The guidelines recommend that as the risks to the patient’s brain are so great, in severe cases action is more important than investigation until the patient is stabilised.
Speaking on behalf of the European Society of Intensive Care, Dr Michael Joannidis said: “Recent studies have shown that this is a condition that is associated with significant morbidity and enhanced mortality. These guidelines are essential in helping the diagnosis and treatment of hyponatraemia, which is a frequent condition which you can see in both the emergency room and the intensive care unit”.

The full guidelines can be downloaded for free from Intensive Care Medicine, the official journal of the European Society of Intensive Care Medicine.

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Notes to Editors:

The clinical practice guideline on the diagnosis and treatment of hyponatraemia will be published in the March issue of Intensive Care Medicine (2014) Online link (embargoed): Clinical practice guideline on diagnosis and treatment of hyponatraemia. After the embargo, the press release will be available online at www.esicm.org.

Intensive Care Medicine is the official clinical journal of the European Society of Intensive Care Medicine, publishing high-quality original research and review articles on all aspects of clinical and translational intensive care medicine from around the globe. Intensive Care Medicine is published by Springer. http://icmjournal.esicm.org

The European Society of Intensive Care Medicine (ESICM) supports and promotes the advancement of knowledge in intensive care medicine, in particular the promotion of the highest standards of multidisciplinary care of critically ill patients and their families through education, research and professional development. http://www.esicm.org

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