

Nocturia and nocturnal polyuria

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Nocturia and nocturnal polyuria (NPU)

Nocturia is the need to wake at night to pass urine. Nocturia is more common as you get older, and having to get up once at night is considered normal. However, if you have to get up numerous times this can impact your sleep pattern.

Nocturnal polyuria (NPU) means a significant amount of urine is produced at night i.e. 20% in under 65s and 33% or more in over 65s; this increases your need to get up during the night to pass urine.

Age-related causes

- Ageing causes the heart and circulatory system to be less effective. This results in fluid collecting in the tissues of the body during the day, and you may notice fluid in your ankles or lower legs. At night, when you are resting, your heart and circulatory system work more easily and absorb this fluid into your bloodstream. It is then pumped back to your kidneys where it is passed out of the body as extra urine.
- The body normally produces a hormone: anti-diuretic hormone (ADH). ADH enables the body to retain fluid overnight, effectively allowing your kidneys to have a rest. As you get older, some people produce less of this hormone with the result that they produce more urine at night.
- An enlarged prostate (men only) can lead to a more frequent need to pass urine both day and night.

Other causes

- Underlying medical conditions e.g. heart conditions, diabetes mellitus and insipidus, adrenal insufficiency, hypercalcaemia, liver failure and polyuric renal failure.
- Problems with the urinary tract e.g. kidney stones, urinary infections, or an overactive bladder (passing small, frequent volumes of urine and may be accompanied by urgency)

- Drugs: calcium channel blockers, diuretics and (SSRI) selective serotonin reuptake inhibitor antidepressants
- Sleep disorders e.g. sleep apnoea
- Excessive fluid intake

Treatments for nocturia

- Treat underlying conditions where appropriate
- Control or manage existing medical conditions well
- Healthy fluid intake of 3½ to 4 pints/2 litres of mixed fluids (variety of fluids) per day.
- Reduce caffeine, artificial sweeteners, fizzy/sparkling drinks and alcohol.
- Drink plenty of water and juices.
- Avoid drinking large amounts of fluid during the evening hours and have last drink at least 2 hours before bedtime
- Avoiding a high protein diet especially late in the evening may be of benefit; a high protein diet increases urine production as the body deals with the protein
- Elevate your legs for an hour or more per day if you suffer from swollen legs.
- Drug/medication review.

Drug treatments that may help

- low dose loop diuretic/water tablet (furosemide 20-40mg) taken late afternoon (4-6pm) encourages an evening diuresis (causes kidneys to process body fluid during the evening hours, rather than after you have gone to bed) and promotes a better night's sleep. This is an unlicensed use of Furosemide, but is a recognised treatment. Furosemide may lower blood pressure (BP), therefore, other BP medications may require adjustment as it may exacerbate gout or diabetes.
- Desmopressin – this is an artificial form of ADH. When taken at bedtime, this stops the kidneys from producing urine overnight. This drug is licensed for people under 65 years of age, and is now available in a low dose (Noqdirna) for over 65 years old as a treatment for nocturnal polyuria.
- Sodium monitoring will be required during treatment with both of these drugs.

PALS

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