

Dr Bhardwaj and Colleagues Reply

To the Editor: Josiassen et al have written an excellent, clinically oriented letter to the editor in response to our letter.¹ We agree with their pharmaceutical and clinical recommendations. Similarly, we have also observed the diurnal nature of hyponatremia in many patients.

This diurnal presentation with varying sodium concentrations over time confers diagnostic and treatment concerns; one laboratory value may erroneously characterize a patient's physiological state. The major precaution is one of close clinical monitoring with careful, continued, repeated laboratory assessments whenever treating a person with electrolyte abnormalities. This need for caution would be especially true when utilizing vaptans as a corrective measure for hyponatremia. Such a cautionary note is especially emphasized when prescribing a relatively new pharmaceutical, without long-term clinical application or experience.

REFERENCE

1. Bhardwaj SB, Motiwala FB, Morais M, et al. Vaptans for hyponatremia induced by psychogenic polydipsia. *Prim Care Companion CNS Disord*. 2013;15(1):

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