

P01-85 - MONITORING OF UREA AND ELECTROLYTES IN OLDER MENTAL HEALTH ON ANTIDEPRESSANTS WITH CO MORBID RISK FACTORS

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Most Antidepressants have been associated with hyponatremia. The mechanism of this adverse effect is probably due to the syndrome of inappropriate secretion of anti diuretic hormone (SIADH). Hyponatremia is a rare but potentially serious adverse effect of antidepressants that demands careful monitoring in those patients at risk. It has been suggested that serotonergic drugs are relatively more likely to cause Hyponatremia.

Risk factors:

Extreme old Age

History of Hyponatremia

Co- therapy with other drugs known to be associated with Hyponatremia

Reduced renal function

Medical Co morbidity.

Objectives: To monitor baseline investigations like urea and electrolytes at 0 weeks, 2 weeks, 4 weeks and 3 months when starting antidepressants, documentation of co morbid medical conditions, past history of Hyponatremia and monitoring of risk factors.

Methodology: A total of 17 patients were randomly selected and the case notes were reviewed for demographic details, diagnosis, type and dose of Antidepressant, co morbid medical condition, risk factors and details of investigation at base line and follow up appointments.

Results:

- 41% had baseline investigations, 18% at 2 weeks, 12% at 4 weekly and 6% at 3 monthly.

- 6% had Abnormal Blood results and one patient was referred to medicine.

- None of these patients had developed Hyponatraemia.

Conclusions: 47% patients had depression, 6% had bipolar affective disorder, 6% had Dementia, 6% had Mixed Anxiety Disorder, 12 % had vascular dementia and 6 % had Psychotic Depression.

24% of the patients were on diuretics, 12% on NSIADS, 6% each on Carbamazepine and Cancer Chemotherapy.