then to 0.4 mg on weekly basis depending on desired response.

_Melt:_ diabetes insipidus: Starting dose 60 mcg three times daily for children and adults. The dosage is then titrated according to the patient’s response. Maintenance dose: 60 mcg-120 mcg 2-3 times daily.

Enuresis: 120 mcg - 240 mcg at bedtime. Nocturia: 60 mcg- 240 mcg at bedtime.

_Intranasal Solution, Nasal Spray 10 mg/dose._

_Central diabetes insipidus:_ in adults 20 mg - 40 mg daily, in children 10 mg - 20 mg. This may be given as a single daily dose or divided into 2 or 3 doses.

_Renal-concentrating-capacity test:_ for adults 40 mg, children over 12 months 10 mg - 20 mg, and for children under 12 months 10 mg.

**Therapeutic control of bleeding or bleeding prophylaxis prior to an invasive operation:** 0.3 mg/kg body weight diluted in physiological saline to 50-100 ml and given as an intravenous infusion over 15-30 minutes.

**PRECAUTIONS/WARNINGS**

**Precautions**

Precautions to prevent fluid overload must be taken in the very young and elderly patients, conditions of fluid and/or electrolyte imbalance and patients at risk for increased intracranial pressure.

For hemostatic use: measures to prevent fluid overload must be taken in patients with conditions requiring treatment with diuretic agents.
Warnings
In case of treatment of enuresis the fluid intake must be limited to a minimum and only to satisfy thirst from 1 hour before until 8 hours after administration.

PREGNANCY
Data on a limited number (n = 53) of exposed pregnancies in women with diabetes insipidus indicate no adverse effects of desmopressin on pregnancy or on the health of the foetus/newborn child. To date, no other relevant epidemiological data are available. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or postnatal development.
Caution should be exercised when prescribing to pregnant women.

LACTATION
Results from analyses of milk from nursing mothers receiving high dose desmopressin (300 mg intranasally), indicate that the amounts of desmopressin that may be transferred to the child are considerably less than the amounts required to influence diuresis or hemostasis.

SIDE EFFECTS
Generally: headache, nausea, stomach pain, nasal congestion, rhinitis, epistaxis, allergic reactions to the preservative. Fluid overload may result in reduced serum sodium, weight gain, and in serious cases convulsions.

DRUG INTERACTIONS
Tricyclic antidepressant, selective serotonin reuptake inhibitors, chlorpromazine, carbamazepine & NSAID may induce water retention and hyponatremia.
Concomitant treatment with lopromide may increase desmopressin concentration, while dimeticon may result in its decreased absorption.

STORAGE
Minirin® tablets, nasal spray and intranasal solution should be stored at room temperature. (Max 25°C) and in dry place (Max 60% R.H.)
Injection: Keep refrigerated at 2-8°C.

PACKAGING
Tablets: 0.1 mg x 30  0.2 mg x 30
Melt: 60 mcg x 30   120 mcg x 30
Ampoule: 4 mg/ml x 10
Nasal spray: 0.1 mg/ml x 2.5 ml, 5 ml (nasal)
Nasal solution: 0.1 mg/ml x 2.5 ml (intranasal).