

Complete Information on Diabetes insipidus with Treatment and Prevention

Diabetes insipidus (DI) are a disorder of which there an abnormal increase of urine output, liquid prerecording is frequently and thirst. It is caused by a deficiency of antidiuretic hormone, also known as vasopressin, or by an insensitivity of the kidneys to that hormone. It can also be induced iatrogenically by the diuretic conivaptan. Antidiuretic hormone is a hormone produced in a region of the brain called the hypothalamus. It is then stored and released from the pituitary gland, a small gland at the base of the brain. Central diabetes insipidus is caused by damage to the hypothalamus or pituitary gland as a result of surgery, infection, tumor, or head injury. Nephrogenic DI may occur as an inherited disorder in which male children receive the abnormal gene that causes the disease on the X chromosome from their mothers. It may also be caused by kidney disease, high levels of calcium in the body, and certain drugs.

Diabetes insipidus can also occur when kidneys are unable to properly respond to the hormone. When diabetes insipidus is caused by failure of the kidneys to respond to antidiuretic hormone, the condition is called nephrogenic diabetes insipidus. Adults with untreated diabetes insipidus may remain healthy for decades as long as enough water is drunk to offset the urinary losses. However, there is a continuous risk of dehydration. Diabetes insipidus and diabetes mellitus are unrelated, although they can have similar signs and symptoms, like excessive thirst and excessive urination. Patients with diabetes insipidus also must take special precautions, such as when traveling, to be prepared to treat vomiting or diarrhea and to avoid dehydration with exertion or hot weather. Diabetes insipidus can be treated by correcting the amount of urine that is produced by the body, although the condition usually requires life-long treatment.

Diabetes insipidus should not confuse with diabetes mellitus, the cause lacks or the resistance to the insulin causes the high blood glucose. Diabetes insipidus is characterized by excretion of large amounts of severely diluted urine, which cannot be reduced when fluid intake is reduced. It denotes inability of the kidney to concentrate urine. Symptoms of diabetes insipidus are quite similar to those of untreated diabetes mellitus, with the distinction that the urine is not sweet as it does not contain glucose and there is no hyperglycemia. Blurred vision is a rarity. In children, diabetes insipidus can interfere with appetite, eating, weight gain, and growth as well. They may present with fever, vomiting, or diarrhea. If the diabetes insipidus is due to renal pathology, desmopressin does not change either urine output or osmolality.

The cause of the underlying condition should be treated when possible. Habit drinking is the most common imitator of diabetes insipidus at all ages. While many adult cases in the medical literature are associated with mental disorders, most patients with habit polydipsia have no other detectable disease. Central diabetes insipidus may be controlled with vasopressin. Vasopressin is administered as either a nasal spray or tablets. Vasopressin is ineffective for patients with nephrogenic DI. In most cases, if nephrogenic diabetes insipidus is caused by medication, stopping the medication leads to recovery of normal kidney function. Because pituitary DI is sometimes associated with abnormalities in other pituitary hormones, tests and sometimes treatments for these other abnormalities are also needed. Drugs used to treat nephrogenic DI include the anti-inflammatory medication indomethacin and the diuretics hydrochlorothiazide and amiloride.

About the Author

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