

## **Sample prescribing bulletin article – cut and paste as required.**

### Change in licensed indications for desmopressin nasal spray

From April 2007, desmopressin nasal spray (both Desmospray and the generic products) will no longer be licensed for Primary Nocturnal Enuresis (PNE). In comparison with oral formulations of desmopressin, nasal forms were associated with the majority of serious adverse drug reactions (ADRs) reported in patients with PNE. In particular, the incidence of hyponatraemia is approximately 15 cases per 100,000 patient years for nasal formulations and 6 cases per 100,000 patient years for oral formulations. The MHRA concluded that only oral formulations of desmopressin should be used for the treatment of PNE.

It is recommended that children who need ongoing treatment with desmopressin are reviewed and changed to DesmoMelt 120mcg at bedtime increasing to 240mcg only if necessary. Desmotabs 0.2mg tablets are also available for those patients who prefer to take conventional tablets. Desmopressin nasal spray remains licensed for cranial diabetes insipidus and nocturia associated with multiple sclerosis.

Further details including a template Dear parent letter [have been sent to all practices / are available from the pharmaceutical advisor / your practice pharmacist / prescribing team].

For further information please contact [pharmaceutical advisor / your practice pharmacist / prescribing team].

Advice on safe prescribing of desmopressin for nocturnal enuresis is available at the website for healthcare professionals, [www.urinecontrol.co.uk](http://www.urinecontrol.co.uk)