Comment on “Does ‘asymptomatic hyponatremia’ exist?”

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In his Editorial in the April 2010 issue of *Nature Reviews Nephrology* ([Does ‘asymptomatic hyponatremia’ exist?](#) *Nat. Rev. Nephrol.* **6**, 185; 2010),¹ Robert Schrier has correctly drawn our attention to the sometimes subtle morbidity associated with mild or moderate levels of hyponatremia. Evidence is also cited for the beneficial effects that increasing the plasma sodium concentration has on mental functioning in these patients.

In listing the range of approaches to treating hyponatremia at the end of his article, however, the author fails to mention a simple treatment that has many advantages over the other measures mentioned. Oral therapy with urea in water solution has been widely used in Europe and elsewhere to correct hyponatremia in a wide range of clinical settings, with good documentation of its effectiveness and safety in many papers since the original publication by Decaux *et al.* in 1980.² After an initial trial of fluid

restriction, use of urea therapy is much easier logistically than giving furosemide and hypertonic saline, much less prone to cause adverse effects than administration of demeclocycline, and much, much cheaper than use of V2 receptor antagonists.

I wonder what accounts for this oversight of a safe and effective form of treatment for such a common clinical problem?

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Competing interests

The author declares no competing interests.

1. Schrier, R. W. Does ‘asymptomatic hyponatremia’ exist? *Nat. Rev. Nephrol.* **6**, 185 (2010).
2. Decaux, G., Brimiouille, S., Genette, F. & Mockel, J. Treatment of the syndrome of inappropriate secretion of antidiuretic hormone by urea. *Am. J. Med.* **69**, 99–106 (1980).