

# Patient hyponatremia information, discharge and initiation instructions for UreaPRO:

#### Ure-Na and UreaPRO

You may have been given ure-Na in the hospital. Ure-Na is used in America's hospitals to treat low sodium also called hyponatremia.

UreaPRO is a lower cost treatment option than ure-Na. UreaPRO has the same active ingredient as ure-Na which is synthetically derived USP urea. UreaPRO isn't as convenient to take as ure-Na, but it is cost savings.

Ure-Na is flavor masked, stabilized and dose packed lemon-lime or apple flavored.

UreaPRO is bulk packed and has been stabilized to avoid clumping. A bag of UreaPRO has thirty 15 gram doses and a scoop that measures 15 grams of urea.

UreaPRO is very bitter and will need to be flavored. Flavoring recipes can be found at ureapro.com

#### Getting UreaPro

UreaPRO is available to order from most retail pharmacies.

Pharmacies can order UreaPRO from their wholesaler and have it the next business day. Most pharmacies will require a prescription and having the NDC # 62530-0000-17 on the prescription will help the pharmacist find UreaPRO in the ordering system.

UreaPRO is also available to order at ureapro.com.

See the *Buy UreaPRO* section of ureapro.com for detailed instructions on how to get UreaPRO.

#### Hyponatremia signs and symptoms

There is a short video on the home page of ureapro.com that explains how UreaPRO treats Hyponatremia. In short, UreaPRO helps raise your sodium by balancing the level of water in your body.

More information about low sodium and UreaPRO can be found in the **Patient** page of ureapro.com.

Hyponatremia is low blood sodium, which may be called SIADH or SIAD. It is a relatively common condition; the most common electrolyte disturbance people experience. Often, Hyponatremia is due to the inability of the body to excrete excess water. This excess water accumulates in the blood, dilutes the sodium level, and leads to low blood sodium levels. The effects of Hyponatremia and low blood sodium levels include:

- Drowsiness
- Headaches
- Slowness of thought & reaction time
- Difficulty walking normally
- Falls
- Disturbances in bone health/Osteoporosis
- Seizures
- Brain swelling
- Death (rare)

### Diagnosis of Hyponatremia and SIADH

The only way to properly diagnose Hyponatremia is with a blood test. Your doctor may also test your urine, specifically urine electrolytes and concentration. These

tests together with a thorough history, medication review and physical examination will help your doctor determine the cause of the water imbalance.

## Causes of Hyponatremia

There are many possible causes of Hyponatremia. One way to explain it is to consider how humans lived long ago. Before the modern age of easily accessible clean water, our body was programmed to hold water tightly, to avoid dehydration. In the modern age when water is accessible, our ancestry sometimes kicks in and the body may signal to retain water unnecessarily.

Sometimes stress can induce the body to signal water retention and sometimes the reason is unknown.

#### These stressors include:

- Lung diseases (COPD, cancer, infection)
- Brain diseases (cancer, stroke, scarring, infection)
- Pain
- Nausea (especially after surgery)
- Idiopathic Stressors (unknown stressors)

Other potential Hyponatremia causes include thyroid disturbances, medications; especially thiazide diuretics, anti-depressive and anti-seizure medications, poor diet, as well as adrenal insufficiency.

Hyponatremia often has an unknown cause called an Idiopathic cause.

# **Treatments of Hyponatremia**

Let's think back to the causes of Hyponatremia. The term SIADH sometimes gets brought up. This is a syndrome of inappropriate antidiuretic hormone release. A bit confusing, but if you follow the name, it is an improper release of a hormone that does not allow the kidney to release water. This is what occurs in those

examples, as mentioned earlier, the lung and brain disease, pain, or nausea scenarios.

SIADH will cause the kidney to hold water inside and not release it, diluting the sodium level in the blood that leads to some of the symptoms of Hyponatremia.

To treat this SIADH process, we may start with a fluid restriction as a part of a Hyponatremia diet. Your doctor will advise you on what amount of fluid to drink per day. This does include all liquids and not just water. Often fluid restriction is not enough and is difficult to maintain, and you may require therapeutic intervention. Prior to ure-Na and UreaPRO being available, doctors may have used diuretics and salt tablets for Hyponatremia treatments.

Hyponatremia treated with salt tablets with or without diuretics may be ineffective for many reasons.

- As said above, while hyponatremia is low sodium, it is often low sodium due to too much water in your body. Adding sodium doesn't remove the excess water.
- Adding a diuretic, such as a loop diuretic may help remove excess
  water, but a side effect of diuretics is the removal of electrolytes
  such as sodium, potassium and magnesium which may be
  counterproductive. Diuretics may also lead to excessive removal of
  water.

Ure-Na and UreaPRO work by osmosis. They draw excess water out through the kidney naturally, removing excess water without the need for salt tablets or extreme fluid restrictions. Ure-Na and UreaPRO are medical foods and are allowed to be purchased directly by you without a prescription. Medical foods like UreaPRO should be taken only under the supervision of a medical practitioner. The clinical trials with ure-Na have shown that only 2% of patients taking ure-Na experience side effects. The most common side effect reported is dysgeusia,

which is typically defined as a metallic taste sensation that persists after ure-Na is taken.

For more advanced learning about hyponatremia there are three links to in-depth information that can be found on the **Patient** page of ureapro.com.

These link to information from:

- National Kidney Foundation
- National Institute of Health
- UpToDate