Tabel 11.4.3. Resultaten zoekopdracht 2

Referentie	Studie ontwerp	Resultaten	Conclusie/opmerkingen
Leissinger, 2014	Review over effectiviteit en veiligheid van DDAVP als behandeling van patiënten met congenitale stollingsstoornissen.	'Most AEs associated with DDAVP are mild and related to the vasomotor effects of the drug (i.e. headache, facial flushing, mild hypotension and tachycardia. The incidence of these effects is highly variable and differs with the mode of administration, with more vasoactive AEs likely to occur with IV administration. Mild to severe hyponatremia and hyponatremia-related seizures are the most serious AEs linked to the use of DDAVP and are caused by its antidiuretic effect, which is 10 times greater with IV than with IN administration. Large case series suggest that hyponatremia in otherwise healthy adults is uncommon, and that the incidence increases in young children with repetitive dosing or with overly aggressive fluid replacement during surgery. Consequently, DDAVP is not recommended in children under 2 years of age, and fluid intake should be closely regulated in all patients. In addition, DDAVP should be used with caution in persons with medical disorders associated with sodium abnormalities, such as cystic fibrosis, heart failure and renal disorders. Because type 1 vasopressin receptors are minimally affected by DDAVP, the risk of uterine or GI contractions or hypertension with treatment is low. Rare instances of thrombotic complications have been reported after DDAVP administration in elderly patients with cardiovascular risk factors, and the drug should be used carefully in this population.'	Geen informatie over specifiek de oudere (hemofilie)patiënt.
Castaman, 2008	Review over DDAVP behandeling bij patiënten met hemofilie A. Eén hoofdstuk bespreekt het effect van leeftijd op de desmopressine response (Tabel 11.4.1). Een ander hoofdstuk bepreekt de bijwerkingen.	'In about 30% of the patients desmopressin can induce self-limited minor side effects, including facial flush, headache, a small decrease in blood pressure and an increase in heart rate. Despite the compound has lost most of its antidiuretic effect, some case reports have demonstrated the occurrence of hyponatremia and seizures after administration of desmopressin. Most of the cases occurred in children under the age of 2, after the administration of several doses or in those receiving hypotonic fluids. Therefore, it is usually recommended caution with desmopressin treatment in small children and in patients with congestive heart failure. Furthermore, fluid restriction is also advised when repeated doses are anticipated. The occurrence of arterial thrombotic episodes associated with	Geen informatie over specifiek de oudere (hemofilie)patiënt.

		the use of desmopressin have also been reported, although very few in hemophilia. Caution however should be taken when considering desmopressin treatment in patients with history of cardiovascular events or diffuse atheromasia.'	
Franchini, 2007	Review met een overzicht van de klinische indicaties voor het gebruik van desmopressine als hemostatisch medicijn.	'Mild tachycardia, headache, and facial flushing are not infrequent. Because of the mild antidiuretic effect of the agent, fluid intake should be regulated in the 24 h following administration. Episodes of fluid overload and severe hyponatremia are rare, and most often involve the very young patients who received closely repeated infusions. Therefore, it is generally recommended that desmopressin is used cautiously in small children or in patients with congestive heart failure. As occasional reports have been published on the occurrence of arterial thrombosis during DDAVP treatment this drug should be avoided in patients with cardiovascular diseases.'	Geen informatie over specifiek de oudere (hemofilie)patiënt.
Lethagen, 2003[#]	Review over indicaties, beperkingen, effectiviteit en veiligheid van DDAVP in patiënten met milde hemofilie A.	Geen full text kunnen verkrijgen. In het abstract staat geen informatie over bijwerkingen.	Geen informtie over specifiek de oudere (hemofilie)patiënt.
Dunn, 2000	Case series Doel: rapporteren van ervaringen met bijwerkingen bij het gebruik van intranasaal DDAVP in patiënten met hemofilie A of de ziekte van Von Willebrand.	- 40 patiënten. - 68% had bijwerkingen; het grootste deel van de bijwerkingen was mild. - Enkele patiënten hadden matig tot ernstige bijwerkingen en 1 volwassen patiënt had medische interventie nodig vanwege symptomatische hyponatriemie.	Er wordt niet specifiek naar de oudere (hemofilie)patiënt gekeken.

[#]Geen full text, enkel abstract.