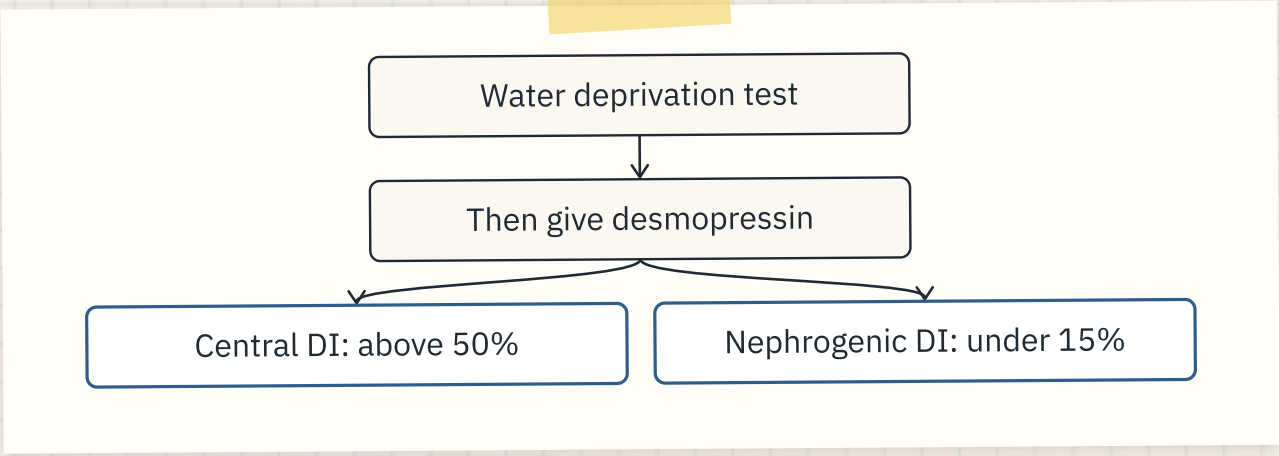
SIADH vs diabetes insipidus

Sodium, urine osmolality, desmopressin



Step by step

1. SIADH: water excess, euvolaemic, Na^+ below 135, serum osmolality below 275
2. DI: urine osmolality under 300, over 3 L/day
3. Deprive water, then give desmopressin
4. Compare the rise in urine osmolality

Disorder	Serum Na^+ (mEq/L)	Urine
SIADH	Below 135	Osm above 100 mOsm/kg; UNa above 20 mEq/L
Central DI	Normal or high	Hypotonic; rises over 50% after desmopressin
Nephrogenic DI	Normal or high	Hypotonic; rises under 15% after desmopressin

Three ADH diagnoses

Rule of thumb

Hormone missing, the urine concentrates

Receptor deaf, it does not

Worked example: 180 to 560 roughly triples the urine osmolality, so central DI

Exam traps

- SIADH has a concentrated urine despite dilute plasma; DI has a hypotonic urine.
- Lithium is the classic cause of nephrogenic DI.
- Fluid restriction suits stable euvolaemic SIADH; severe symptoms need hypertonic saline.

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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