



Children's Urology Group, PL

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INSTRUCTIONS FOR TAPERING DOSE OF DDAVP

Initial dosage of DDAVP will be three tablets (0.6 mg) at bedtime. It is expected that the child will be completely dry within two weeks. If he/she is not, call to speak with the nurse regarding a change or addition to the medication.

After the child has been completely dry for two weeks, reduce the dosage to two tablets at bedtime. If the child remains completely dry on that dosage for two weeks, then reduce to one tablet.

If at any point in reducing the medication there is wetness, then increase the medication to the previous dosage which had kept the child completely dry. Then maintain that dosage for a full three months before trying to taper the dosage of medication down again.

If in tapering the dosage after three months there is a recurrence of wetness, then the child is to go back to the dosage which was effective and maintain that for another three months.

Every three months the dosage should be tapered to see if it is still necessary to continue with the medication. Our goal is to keep the child on the least effective dose. If the child is still requiring medication after six months, a repeat visit is necessary.

Possible side effects with DDAVP are very uncommon. They may include headache or abdominal cramping. If these symptoms occur please discontinue the medication and call the office.

When Ditropan is used in combination with DDAVP

In cases where Ditropan is used in addition to DDAVP, use the above recommendations for tapering the dose of DDAVP. DO NOT taper or reduce the dose of Ditropan until the child is off of DDAVP and still dry. Then the Ditropan can be discontinued.