

# Desmopressin (DDAVP) test

This leaflet explains more about the desmopressin test, also known as the DDAVP test, including the benefits, risks and any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

## What is the DDAVP test?

The test is to check how you respond to DDAVP to see if it may be an effective treatment for you.

## Why should I have a DDAVP test?

DDAVP is a potential treatment for people with:

- mild or moderate haemophilia
- von Willebrand disease
- mild platelet function defects.

The test will let us know if DDAVP may be an effective treatment for you.

## What is DDAVP?

DDAVP is a man-made hormone used to boost clotting factor in your blood for a short time.

It does this by releasing your body's stores of von Willebrand factor and Factor VIII.

## What are von Willebrand factor and Factor VIII?

Von Willebrand factor (vWF) makes parts of your blood (the platelets) stick to areas of blood vessels that are damaged. If you don't have enough vWF, platelets can't stick properly and any bleeding will last longer.

Factor VIII is needed for your blood to make clots to stop any bleeding.

## What are the risks?

Possible side effects include:

- facial flushing or warmth
- headache
- low blood pressure
- fluid retention
- nausea
- allergic skin reaction (rare)
- fits (rare).

## Why may DDAVP not be OK for me?

You may not be able to have DDAVP if you have heart or kidney problems or high blood pressure. Tell your haemophilia nurse or doctor if you have any of these conditions.

DDAVP is not generally used in people over 70 or under two years old.

DDAVP is usually avoided during pregnancy but is sometimes used to reduce blood loss during or following labour.

## How can I prepare for a DDAVP test?

You can eat normally on the day of the test.

**Don't drink more than 500mls in total from one hour before the test to eight hours after.**

Tell the nurse about any medication you take on the day of the test.

## Where do I need to go to have the test?

Adults need to go to the Ruth Myles day unit on the second floor of St James wing.

Children need to go to Jungle ward on the first floor of Lanesborough wing.

## Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

## What happens during a DDAVP test?

Your blood pressure and pulse will be recorded and a blood sample taken.

You will have either one or two injections of DDAVP under your skin, usually in your abdomen or the upper arm for children. Your blood pressure and pulse will then be monitored for an hour.

After an hour, a second blood sample will be taken.

If you have von Willebrands disease, you will need a third blood test four hours after your injection(s). As long as your blood pressure and pulse are OK, you can leave the unit after the second blood sample has been taken and come back three hours later for the last sample.

## Will I feel any pain?

You may have some slight discomfort during the injection and the injection site may sting while the drug is given. The blood test before and after the injection may also sting for a moment at the injection site.

## What happens after a DDAVP test?

**Don't drink more than 500mls in total from one hour before the test to eight hours afterwards because of a risk of fluid retention.**

**You can discuss any concerns about reducing the amount you drink with your haemophilia nurse or doctor.**

You may have a headache following DDAVP. If you do, take paracetamol or your usual mild analgesia.

Tell the haemophilia nurse if you have any side-effects after your test.

## Useful sources of information

The Haemophilia Society is a UK wide charity for everyone affected by a bleeding disorder:

Website: [www.haemophilia.org.uk](http://www.haemophilia.org.uk)

Email: [info@haemophilia.org.uk](mailto:info@haemophilia.org.uk)

Freephone: 0800 018 6068.

World Federation of Hemophilia:

website: [www.wfh.org](http://www.wfh.org)

## Contact us

If you have any questions or concerns about the DDAVP test, please contact the haemophilia team on 020 8725 0763 (Monday to Friday, 8am to 5pm). Out of hours, please contact the hospital switchboard on 020 8672 1255 and ask for the on-call haematology registrar.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

## References

World Federation of Hemophilia. (2013) Guidelines for management of haemophilia. Available from: [www.wfh.org](http://www.wfh.org)

Laffan, M.A., Lester, W., O'Donnell, J.S., Will, A., Tait, R.C., Goodeve, A., Millar, C.M., Keeling, D.M. (2014) The diagnosis and management of von Willebrand disease: a United Kingdom Haemophilia Centre Doctors Organisation guideline approved by the British Committee for Standards in Haematology. *British Journal of Haematology*. 167 (4), 453-465.

