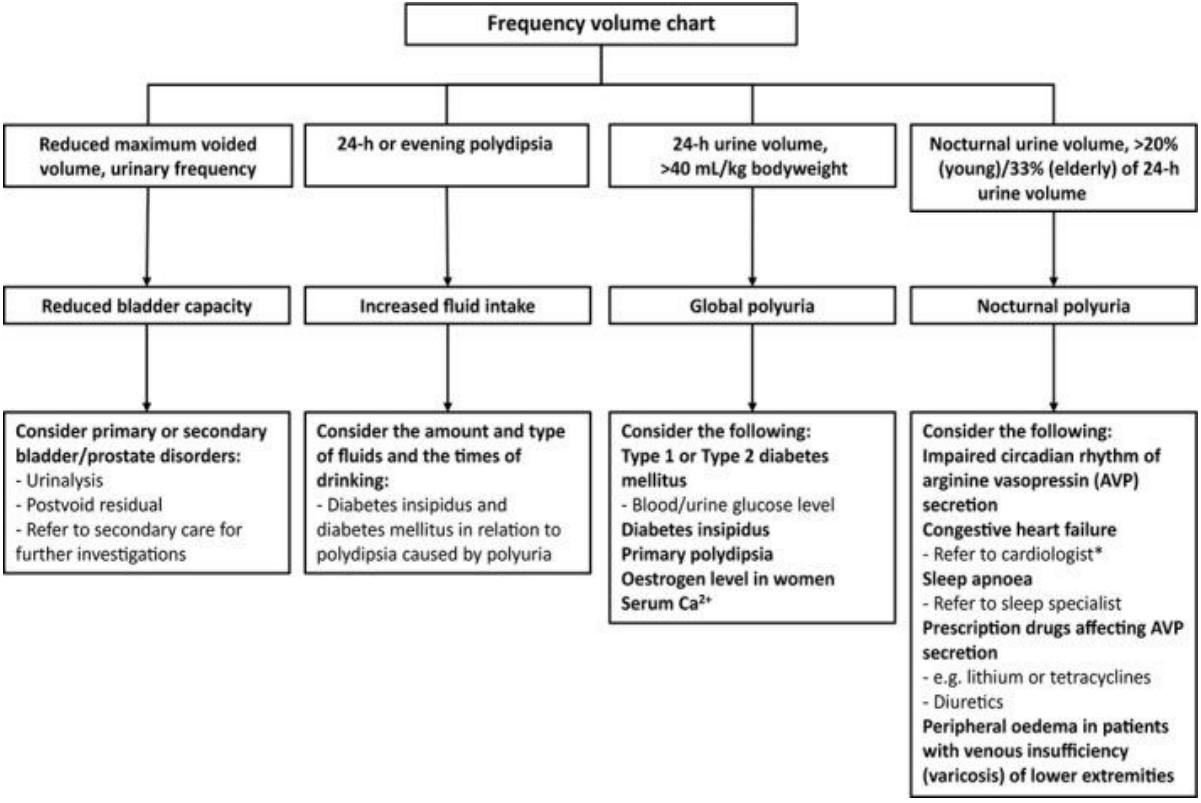

Frequency volume chart
Reduced maximum voided volume, urinary frequency
24-h or evening polydipsia
24-h urine volume, >40 mL/kg bodyweight
Nocturnal urine volume, >20% (young)/33% (elderly) of 24-h urine volume
Reduced bladder capacity
Increased fluid intake
Global polyuria
Nocturnal polyuria
Consider primary or secondary bladder/prostate disorders:
- Urinalysis
- Postvoid residual
- Refer to secondary care for further investigations
Consider the amount and type of fluids and the times of drinking:
- Diabetes insipidus and diabetes mellitus in relation to polydipsia caused by polyuria
Consider the following:
Type 1 or Type 2 diabetes mellitus
- Blood/urine glucose level
Diabetes insipidus
Primary polydipsia
Oestrogen level in women
Serum Ca2+
Consider the following:
Impaired circadian rhythm of arginine vasopressin (AVP) secretion
Congestive heart failure
- Refer to cardiologist*
Sleep apnoea
- Refer to sleep specialist
Prescription drugs affecting AVP secretion
- e.g. lithium or tetracyclines
- Diuretics
Peripheral oedema in patients with venous insufficiency (varicosis) of lower extremities