

Patient information from BMJ

Last published: Apr 09, 2025

Hyponatremia

Hyponatremia happens when you don't have enough of a mineral called **sodium** in your blood. You might have heard it being called "low blood sodium" too. It is common in people being treated in the hospital.

Treating hyponatremia is fairly simple in most cases. But leaving it untreated can cause serious problems.

What is hyponatremia?

Hyponatremia means that you don't have enough of a mineral called sodium in your blood. Sodium is important because it helps to control how water flows through the cells in your body. It also helps your nerves and muscles to work properly.

Hyponatremia can be caused by having too much water in your body, but also by having too little (being dehydrated).

It's very common in people treated in the hospital, especially older people.

In very severe cases, where it's not treated, hyponatremia can cause serious problems such as confusion, seizures, and swelling in the brain.

What causes hyponatremia?

Hyponatremia can be caused either by having too much water in your body or too little. Sometimes, there is a clear cause for this, but in other cases, there is no clear reason.

Several conditions can cause you to have **too much water** in your blood. They include:

- Kidney problems (such as kidney injury and nephrotic syndrome)
- Congestive heart failure
- Cirrhosis (a serious problem that causes scarring of the liver), and
- Conditions that cause the release of a hormone involved in your body's sodium and water balance (e.g., cancer, meningitis, pneumonia).

Conditions that can cause you to have **too little water** in your blood (dehydration) include:

Hyponatremia

- Severe diarrhea or vomiting
- A kidney condition called salt-wasting nephropathy, and
- Pancreatitis (a serious condition that happens when your pancreas becomes inflamed).

Some **medications** can cause hyponatremia. These include:

- Opioid painkillers
- Nonsteroidal anti-inflammatory drugs (drugs that treat swelling and the pain it causes)
- Antidepressants
- Diuretics (drugs that help your body to get rid of extra water)
- Some drugs used to treat epilepsy.

What are the symptoms of hyponatremia?

The symptoms of hyponatremia depend on how quickly it develops. But in many cases, there won't even be any symptoms at all.

Symptoms of hyponatremia can include:

- Changes in your personality
- Feeling tired and slow, and
- Confusion.

Cerebral edema (swelling in the brain) is more likely when hyponatremia develops quickly (usually within 24 hours).

People with cerebral edema usually have more severe symptoms, which can include:

- Nausea and vomiting
- Drowsiness
- Seizures, and
- Coma.

If your doctor thinks that you might have hyponatremia, they will want to ask you more questions. For example, they might ask you about:

- Your medical history
- How much water or other fluids you have drunk recently
- Whether you have had diarrhea or vomiting
- What medications, if any, you are taking.

Your doctor will also want to do a physical exam, as well as some blood and urine tests, if they think you might have hyponatremia.

What are the treatment options for hyponatremia?

Treatment for hyponatremia will depend on:

- how **quickly** the hyponatremia developed, and
- how **much** water is in your system (i.e., too much or too little water in your blood).

You may be given fluids through a drip (directly into your vein). These fluids contain sodium. Or, in some cases, you may be restricted from having fluids to help your sodium levels get back to normal.

In very specific cases where treatment doesn't work, your doctor might suggest specialist drugs to help.

Many people with hyponatremia are already in the hospital being treated for other reasons. If you're not in the hospital, you'll only usually be admitted and treated in severe cases where you need urgent care.

If your hyponatremia has been caused by another condition, such as heart failure or kidney problems, your doctor will want to discuss treatment for this too.

What happens next?

Hyponatremia is common in people who are being treated in hospital for a variety of reasons, and it's often hard to avoid.

But there are things that some people can do to help prevent it. For example, if you are taking certain medications, such as some antidepressants, you should avoid drinking excessive amounts of water or other fluids.

This also applies if you have certain medical conditions, including heart failure, cirrhosis, and kidney problems. If you are not sure about what is a safe amount of fluid to drink for your condition, speak with your doctor.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2025. All rights reserved.

What did you think about this patient information guide?



Hyponatremia

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.

