### Alert
Not to be confused with chlorothiazide.

### Indication
Chronic lung disease.
Heart failure.
Fluid overload.
Hypertension.
In conjunction with diazoxide to counter fluid retention.

### Action
Inhibition of sodium reabsorption in distal nephron, leading to loss of water, sodium, potassium, magnesium, chloride, phosphate and bicarbonate.

### Drug Type
Thiazide diuretic.

### Trade Name
Dithiazide

### Presentation
Oral suspension manufactured by Pharmacy 2 mg/mL, 5 mg/mL or 10 mg/mL. 25 mg tablets.

### Dosage / Interval
1 to 2 mg/kg/dose every 12-24 hours (consensus opinion); **Consider alternate day dosing:** 2 mg/kg/dose every 48 hours (consensus opinion).

### Maximum daily dose
4 mg/kg/day

### Route
Oral

### Preparation/Dilution
Oral suspension.

### Administration
Administer undiluted with feeds to improve absorption.

### Monitoring
Urine output and weight.
Serum sodium, potassium, calcium, phosphorous and glucose.

### Contraindications
Hypersensitivity to any component. Thiazide diuretic contains a sulphonamide moiety. While it has long been considered that allergic cross-reactivity may exist between sulphonamide antibiotics and other sulphonamide drugs, this is actually unlikely because of the structural differences.1

### Precautions
Hypokalaemia.
Hyponatraemia.
Displaces bilirubin so caution required in jaundiced infants.

### Drug Interactions
Hypokalaemia may increase toxic effects of digitalis. Concurrent use of SOTALOL and DIURETICS may result in an increased risk of cardiotoxicity (QT prolongation, torsades de pointes, cardiac arrest). Concurrent use of FLECAINIDE and HYDROCHLOROTHIAZIDE may result in increased risk of electrolyte imbalance and subsequent cardiotoxicity.

### Adverse Reactions
Hypokalaemia; hyponatraemia; hyperglycaemia; hyperuricaemia; hypercalcaemia.
Cumulative effects of the drug may develop in patients with impaired renal function. If increasing azotaemia and oliguria occur during treatment of severe progressive renal disease, the diuretic should be discontinued.

### Compatibility
N/A

### Stability
N/A

### Storage
Oral suspension: Store between 2 and 8°C.

### Special Comments
Improves respiratory function in preterm infants with or developing chronic lung disease. Used in conjunction with diazoxide to counter diazoxide-induced sodium and fluid retention. Increases urine output, potassium and phosphorus excretion. Urinary calcium excretion may be decreased.1
Usually used in combination with spironolactone to reduce potassium loss.
Onset of the diuretic action following oral administration occurs in 2 hours and the peak action in about 4 hours. Diuretic activity lasts about 6 to 12 hours.
Hydrochlorothiazide is not metabolised but is eliminated rapidly by the kidney. The mean plasma half-life is prolonged with renal impairment.3

### Evidence summary
**Efficacy:**
In preterm infants > 3 weeks of age with chronic lung disease: Acute and chronic administration of distal diuretics improve pulmonary mechanics.4 A single study showed thiazide and spironolactone decreased the risk of death in infants who did not have access to corticosteroids, bronchodilators or aminophylline.5 (LOE I, GOR C) Trials used
**hydrochlorothiazide**

Newborn use only

Hydrochlorothiazide doses ranging from 3 to 4 mg/kg/day divided 12 hourly in combination with spironolactone.

**Concomitant therapy with diazoxide:** Diazoxide can cause sodium and fluid retention and concomitant use of thiazide diuretics is recommended to counter this effect.\(^6\) \(^7\) The fluid retention from diazoxide is mostly observed in the neonatal period and may cause cardiac failure; hence the concurrent use of a thiazide diuretic in neonates. However, routine use of a thiazide diuretic is not necessary in older children when there is no evidence of fluid retention.\(^7\)

**Pharmacokinetics and pharmacodynamics:**

Oral bioavailability in adults is approximately 60–70% and the peak concentrations in plasma occur within 1.5 to 4 hours following an oral dose.\(^3\) (LOE IV) The mean plasma half-life of hydrochlorothiazide in adults has been reported to be from 3.2 to 13.1 hours \(^2\) (LOE IV GOR C) and is prolonged with renal impairment. \(^3\) (LOE IV GOR C) The pharmacokinetics have not been reported in infants.

**Safety:**

Preterm infants receiving hydrochlorothiazide in combination with spironolactone may have an increased need for sodium and potassium supplementation.\(^7\) (LOE II GOR B) Whether alternative day dosing of hydrochlorothiazide is associated with reduced need for sodium and potassium supplementation, as with alternate day furosemide dosing,\(^10\) has not been tested in clinical trials. Unlike furosemide, hydrochlorothiazide has not been associated with hearing loss or nephrocalcinosis in newborn infants.\(^7\) (LOE II GOR B)

**References**

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**Risk Rating:** Medium

**Due for Review:** 18/07/2019

**Approval by:** As per Local policy

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