



Symptom Management: Low Sodium &/Or High Calcium

Low Sodium (Hyponatraemia)

Low sodium level in the blood (hyponatraemia) is a potential problem for patients with lung cancer, more commonly small cell lung cancer.

Signs and Symptoms

Commonly a mild low sodium level may not give any signs or symptoms at all; however there are some signs that are associated this disorder including:

- Concentrated urine
- Muscle weakness and lethargy
- Nausea and vomiting
- Drowsiness
- Confusion
- Risk of convulsions

Management

- Hyponatraemia should be monitored by a medical team. If you think you have any of the above signs, please ensure you have contacted your specialist nurse and doctor
- In order to manage this disorder it is essential to have accurate assessment of the sodium levels and identification of the cause of the problem
- To increase the sodium level your medical team may suggest your oral fluid intake is restricted to a certain amount
- Sometimes drugs can be prescribed to help raise the sodium level; however this disorder may not correct until the cancer is treated

High Calcium (Hypercalcaemia)

High blood calcium (hypercalcaemia) is a disorder that can sometimes affect patients with advanced lung cancer.

There are a number of causes of this disorder; occasionally if the cancer has spread to the bones, the calcium in the blood can be high.

Symptoms

The common signs and symptoms that may be experienced are:

- Nausea
- Anorexia and vomiting
- Constipation
- Thirst and increased passing of urine
- Dehydration
- Drowsiness
- Confusion

Management

Hypercalcaemia needs to be managed by a medical team. If you think you have any of the above signs and symptoms please ensure you have contacted your specialist nurse and doctor.

The symptoms are managed in a number of ways:

- By accurate assessment of the blood calcium level including all blood chemicals
- By identifying the cause of the hypercalcaemia if possible
- Mild hypercalcaemia may just need monitoring and increased oral fluid intake
- More severe hypercalcaemia will require rehydration, usually by intravenous fluids, and bisphosphonates (calcium lowering drugs) given by intravenous infusion.

Sometimes the hypercalcaemia can come back. It is best to observe for the return of any signs or symptoms, and monitor the blood calcium level; some patients will require regular bisphosphonates as a maintenance therapy to keep the blood calcium within normal limits.