



## Medications

### Most Common Medications Used for Treating Gitelman's:

#### Prescription Medications:

- Spironolactone
- Amiloride
- Eplerenone
- Dyrenium
- Potassium Chloride

#### Supplements:

- Magnesium
- Potassium
- Sodium: Not all salt is the same. GS patients do better with sea salt and pink salt, as these contain needed minerals.



## Gitelman's Syndrome

The information on this brochure is gathered from informal interviews with GS patients and is not intended to be medical advice. This information is not intended to diagnose or treat medical conditions.



#### Helpful websites:

[Bartterssite.org](http://Bartterssite.org)

Facebook: Gitelman's Syndrome/Fighting Gitelman's Syndrome

## Gitelman's Syndrome



Gitelman's Syndrome is a rare, inherited defect in the renal tube of the kidneys. This defect causes the kidneys to waste magnesium, sodium, potassium and chloride in the urine, instead of reabsorbing it back into the bloodstream.



## Complications Associated with Gitelman's Syndrome

- Heart arrhythmias, palpitations
- Hypolekemic paralysis
- Metabolic alkalosis
- Seizures
- Fainting
- Muscle pain/cramps/spasms, fibromyalgia-like symptoms
- Fatigue
- Nausea
- Phosphate imbalances

## Common Treatments for GS

### Treatments for GS:

- In emergency situations, IVs are needed STAT when/if the patient is taken to the hospital.
- For maintenance, over-the-counter and prescription medications and supplements are used.
- Rest is important.

### Administration of IV fluids for GS patients:

**Potassium:** The slower the better, over a six or eight-hour time span is best. Adding Lidocaine to potassium helps ease the pain, mixed right in with a 40MEQ bag. Sometimes holding ice or a cold cloth at the site helps ease pain too. Warm blankets at the site have also been shown to help.

**Saline:** administered at the same rate as the K often works best and helps to make the administration of the K less painful. Depending on patient's level of dehydration, normal saline might not be appropriate. GS patients often need more sodium, and sometimes normal saline will only flush their electrolytes out more.

**Magnesium:** a 2 gram bag, given over two hours or so. Again, slower is better.

If tetany develops, intravenous administration of 20% MgCl<sub>2</sub> (0.1 mmol mg/kg per dose) should be administered and can be repeated every 6 h if needed.

**With port:** minimal fluid over max time.