Tumors
Pulmonary/mediastinal (bronchogenic carcinoma, mesothelioma, thymoma)
Nonchest (duodenal carcinoma, pancreatic carcinoma, ureteral/prostate carcinoma, uterine carcinoma, nasopharyngeal carcinoma, leukemia)

Central nervous system disorders
Mass lesions (tumors, brain abscesses, subdural hematoma)
Inflammatory diseases (encephalitis, meningitis, systemic lupus, acute intermittent porphyria, multiple sclerosis)
Degenerative/demyelinating diseases (Guillain-Barré, spinal cord lesions)
Miscellaneous (subarachnoid hemorrhage, head trauma, acute psychosis, delirium tremens, pituitary stalk section, transphenoidal adenectomy, hydrocephalus)

Drug induced
Stimulated AVP release (nicotine, phenothiazines, tricyclics)
Direct renal effects or potentiation of AVP antidiuretic effects (desmopressin [DDAVP], oxytocin, prostaglandin synthesis inhibitors)
Mixed or uncertain actions (angiotensin-converting enzyme [ACE] inhibitors, carbamazeine and oxcarbazepine, chlorpropamide, clofibrate, clozapine, cyclophosphamide, 3,4-methylenedioxyamphetamine [Ecstasy], omeprazole, serotonin reuptake inhibitors, vincristine)

Pulmonary diseases
Infections (tuberculosis, acute bacterial and viral pneumonia, aspergillosis, empyema)
Mechanical/ventilatory (acute respiratory failure, chronic obstructive pulmonary disease, positive pressure ventilation)

Essential
1. Decreased effective osmolality of the extracellular fluid (P_{osm} < 275 mOsm/kg H_2O)
2. Inappropriate urinary concentration (U_{osm} > 100 mOsm/kg H_2O) with normal renal function) at some level of hypoosmolality
3. Clinical euvolemia, as defined by the absence of signs of hypovolemia (orthostasis, tachycardia, decreased skin turgor, dry mucous membranes) or hypervolemia (subcutaneous edema, ascites)
4. Elevated urinary sodium excretion while on a normal salt and water intake
5. Absence of other potential causes of euvolemic hypoosmolality: hypothyroidism, hypocortisolism (Addison’s disease or pituitary corticotropin [ACTH] insufficiency) and diuretic use

Supplemental
6. Abnormal water load test (inability to excrete at least 80% of a 20 mL/kg water load in 4 hours or failure to dilute U_{osm} to less than 100 mOsm/kg H_2O)
7. Plasma AVP level inappropriately elevated relative to plasma osmolality
8. No significant correction of plasma [Na⁺] with volume expansion but improvement after fluid restriction