



Patterns of Intradialytic Hypotension- Clinical Associations

IULIA GROSU¹, FLAVIU BOB¹, OANA SCHILLER², ADALBERT SCHILLER¹

*1 – Nephrology Department, “Victor Babes” University of Medicine and Pharmacy,
Timisoara, Romania*

2- BBraun Hemodialysis Center, Timisoara, Romania

Background and Aim



- Intradialytic hypotension (IDH)- common complication associated with HD sessions
 - prevalence of HD sessions with this complication = 10,1%
 - depending on IDH definition
- IDH is associated with:
 - myocardial stunning
 - cerebral ischemia
 - mesenteric ischemia
 - vascular access failure (arterio-venous fistula thrombosis)
 - higher overall mortality and morbidity

Definitions for intradialytic hypotension	Year	Decrease in SBP (mmHg)	Nadir in SBP (mmHg)	Decrease in MAP (mmHg)	Need for symptoms or intervention	Large epidemiological (n > 1000) or interventional (n > 100) study using this definition
KDOQI Clinical Practice Guidelines [6]	2005	≥20	ND	≥10	Symptoms	Retrospective cohort of 39 497 HD patients [7]
UK Renal Association Guidelines [8]	2011	Any	ND	Any	Immediate intervention	Cross-sectional study with 2193 HD patients [9]
European Best Practice Guidelines [10]	2007	≥20	ND	≥10	Symptoms and intervention	-
Japanese Society of Dialysis Therapy Guidelines [11]	2012	≥30	ND	≥10	Symptoms	-
Chou et al. [12], USA	2018	ND	<90	ND	ND	5-year cohort of 112 013 HD patients
Sands et al. [13], USA	2014	≥30 to a level of <90 mmHg	<90	ND	ND	Epidemiologic study of 1137 HD patients

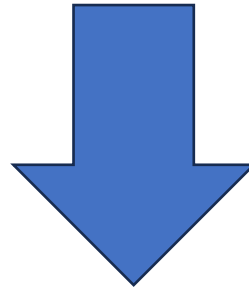
Kanbay et al. , An update review of intradialytic hypotension: concept, risk factors, clinical implications and management, Clinical Kidney Journal, 2020, vol. 13, no. 6, 981–993 doi: 10.1093/ckj/sfaa078

Background and Aim



Recognized risk factors: high interdialytic weight gain, diabetes mellitus, ischemic heart disease, older age, female sex, higher BMI.

→ Timing of IDH has not been extensively studied



AIM: To identify whether IDH occurrence patterns are associated with any clinical or dialysis-related factors.

Material and Methods

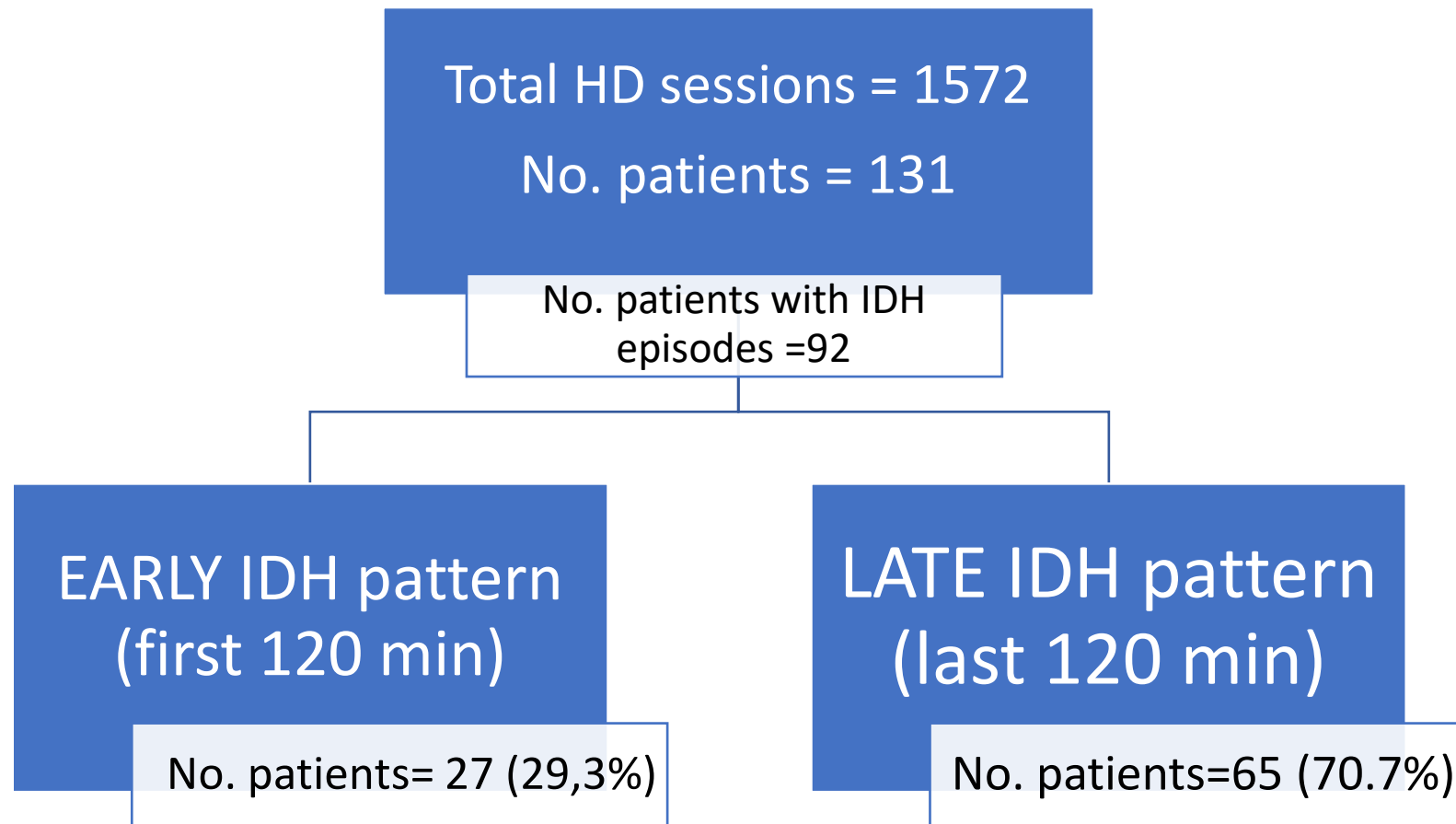


- Prospective, observational study
 - 131 patients → 1572 dialysis sessions (3 sessions/week, 4 weeks)
 - Blood pressure recordings/session (pre-HD, 60', 120', 180', 240')
 - KDOQI IDH definition - decrease in systolic blood pressure (SBP) by ≥ 20 mm Hg or a decrease in mean arterial pressure (MAP) by 10 mm Hg associated with symptoms
- Recordings in the month of assessment
- demographic factors, comorbidities, Subjective Global Assessment scale (SGA), dialysis prescription (Qb, Qd, dialysate composition), residual diuresis, vascular access, comorbidities (diabetes mellitus, heart disease – left ventricular hypertrophy, atrial fibrillation)
 - hemoglobin, plasma albumin, ferritin, PTH, calcium, phosphorus, C-reactive protein

Results



- Stratification on EARLY IDH VS LATE IDH based on > 50% frequency of IDH events



Results



VARIABLES	EARLY IDH PATTERN		LATE IDH PATTERN	
		p		p
Dialysis vintage (years, mean \pm std)	5,91 \pm 4,2	N.S.	7,8 \pm 3,1	N.S.
Age (years, mean \pm std)	63.03 \pm 12.84	N.S.	65,2 \pm 13	N.S.
Albumin (g/dl, mean \pm std)	4.2 \pm 2.16	N.S.	4.4 \pm 1.16	N.S.
C-reactive protein (mg/dl, mean \pm std)	0.9 \pm 1.1	N.S.	1 \pm 1.2	N.S.
Dry weight (kg, mean \pm std)	80.42 \pm 20.98	N.S.	65.2 \pm 10.98	N.S.
Ferritin (mcg/l, mean \pm std)	865 \pm 401.99	p=0,004	465 \pm 202	N.S.
Hb (g/dl, mean \pm std)	11.11 \pm 1.14	N.S.	10.11 \pm 1.5	N.S.
iPTH (pg/dl, mean \pm std)	506.26 \pm 594.91	N.S.	608 \pm 493.1	N.S.
Atrial fibrillation (1/0)	5	N.S.	10	N.S.
Residual diuresis (ml, mean \pm std)	700 \pm 500	N.S.	1200 \pm 800	p=0.006
UF rate (ml/h)	450 \pm 200	N.S.	1099 \pm 254	p=0.05
SGA (mean \pm std)	9.20 \pm 1.74	p=0,004	7.5 \pm 1.5	N.S.
Diabetes mellitus (1/0)	7	N.S.	7	N.S.

Conclusion



Different patterns of IDH onset characterize different clinical associations

- patients with early onset IDH tend to have higher SGA scores and ferritin levels → Inflammation as a possible underlying mechanism?
- patients with late onset IDH have a lower residual urinary output and a higher UF rate → hemodynamic mechanism

[clinical investigation](#)

www.kidney-international.org

The time of onset of intradialytic hypotension during a hemodialysis session associates with clinical parameters and mortality

 Check for updates

see commentary on page 1269

OPEN

David F. Keane^{1,2,3}, Jochen G. Raimann¹, Hanjie Zhang¹, Joanna Willetts⁴, Stephan Thijssen¹ and Peter Kotanko^{1,5}

NOT ALL IDH ARE CREATED EQUAL → tailoring HD prescription and IDH management

Thank you!

