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Study of intradialytic hypertension in hemodialysis patients at a tertiary care hospital

Background: Intradialytic Hypertension (IDH) has been associated with increased risk of morbidity and mortality. Till date, hypotension during Hemodialysis (HD) was a common complication and there are many studies on intradialytic hypotension. But, in last two decades, paradoxical hypertension occurring during ultrafiltration is an emerging concept with a poor prognostic significance. In India, there are no studies focusing on intradialytic hypertension specifically, so, there is a need to evaluate it further.

Aim: To study the prevalence of intradialytic hypertension in patients undergoing regular hemodialysis and factors responsible for intradialytic hypertension.

Methods: The study was a randomized prospective single center study. It included all the patients of Chronic Kidney Disease (CKD) undergoing maintenance hemodialysis 2 or 3 times a week. Patients of acute kidney injury will be excluded from study. Serial Blood Pressure (BP) recordings were taken on monitor at the beginning of hemodialysis session, at the end of hemodialysis session and at 1 hour during the session; for 2 hemodialysis sessions. Patient was defined as having intradialytic hypertension if there was >10 mm Hg systolic BP rise on HD session, in more than 2 HD. The data obtained was studied based on 13 parameters and chi-square test was applied to the attributes to test their significance at 1 degree of freedom and at 5% level of significance (p value <0.005 statistically significant).

Results: Total 100 patients were included in the study. Out of them, 75 (75%) were males. 31% patients were >50 years of age. 31% (n=31) found to have IDH. A significant relation was also found between prevalence of IDH and previous diabetes, duration of CKD and HD vintage and serum cholesterol level and pre and post HD SBP and DBP (p 0.052, p 0.010, p 0.01 and p 0.001, respectively). No relation was found between prevalence of IDH and age or gender of the patients and previous history of hypertension (p 0.864, p 0.102 and p 0.432, respectively). No significant relation was found between prevalence of IDH and serum creatinine, hemoglobin, frequency of HD (p 0.66, p 0.10 and p 0.25, respectively).

Conclusion: We studied prevalence of intradialytic hypertension in chronic kidney disease patients undergoing regular hemodialysis and studied possible factors responsible for it. Prevalence of IDH was 31%, which was higher than what was found in previous studies, probably because of poor compliance of patients about anti-hypertensive drugs, twice a week HD in some patients and small sample size. In conclusion, IDH is preventable if we control risk factors except age and sex, which are not modifiable.

Biography

Pratik shete has experience in the field of Nephrology and completed his education in D Y Patil Medical college, India

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