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control of blood pressure in ckd patients on maintenance haemodialysis

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Case Study: Blood pressure control is an integral component in the care of CKD patients, and is relevant at all stages of the disease, irrespective of the underlying cause. Blood pressure is usually raised in patients receiving dialysis, possibly because the role of the kidneys in blood pressure homoeostasis is impaired; chronic volume overload and a range of other factors might also contribute to high blood pressure.
This is a prospective cross sectional observational study, conducted in Department of Nephrology at Medica Superspecialty Hospital, Kolkata over a period of two years.
Inclusion: Patients of age >18yrs who are diagnosed with hypertension in chronic kidney disease patients on MHD for at least 3 months since initiation of haemodialysis.
Results:
In our study, total 126 participants were involved. Of which, majority were from 51-60 years age group i.e. 54 (42.9%).

- Majority of subjects had Diabetic Nephropathy (42.1%).
  Majority of them were on LF (61, 48.4%). 49 (38.9%) on HF and 16 (12.7%) on HDF.
  Out of total sessions of Hemodialysis, 44.6% has intradialytic hypotensive and 31.9% has intradialytic hypertensive episodes. Mean BP before dialysis was 148.14/74.33 ± 20.47/13.32. Mean BP after dialysis was 128.70/66.42 ± 19.74/12.92. When we compared the mean BP between two groups, the difference was significant. Hence, Dialysis as modality of RRT has statistically signficant effect in control of Blood pressure.

Conclusion:

- Haemodialysis with proper volumetric control as a modality of RRT has significant effect on control of BP.
  In approximately one third (30.15%) of patients there was good control of blood pressure both at home and during dialysis.
  Intradialytic hypotensive episodes (44.6%) were more common as compared to Intradialytic hypertensive episodes (31.9%) out of total sessions of haemodialysis. Hence, hypotension is much commoner complication as compared to hypertension during dialysis.