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READJUSTMENT OF OPTIMAL DRY BODY WEIGHT IS IMPORTANT IN HEMODIALYSIS PATIENTS TRANSFERRED BETWEEN ARTIFICIAL KIDNEY UNITS

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Objectives: Volume expansion is one of the most important factors related to hypertension in hemodialysis (HD) patients. An HD communication sheet is needed when a HD patient is transferred to another artificial kidney (AK) units. The HD communication sheet includes a patient's dry body weight (DBW), prescribed medications and other information associated with HD. This study demonstrates that optimal DBW on an HD communication sheet is doubtful and re-valuable.

Methods: We analyzed clinical volume status and antihypertensive drug dosage as determined by a nephrologist in 78 HD patients (male, n=44; mean age, 56.3 years [range 34 - 84]). All patients had been transferred to a new local AK unit. Before being transferred, they had undergone HD in other units for more than 6 months. We selected clinically hypervolemic patients and analyzed blood pressure (BP) and antihypertensive drug dosage. After resolution of hypervolemia, we compared antihypertensive drug dosage before and after adjustment for optimal DBW.

Results: Of the 57 patients (73%) experiencing clinical hypervolemia, all were prescribed antihypertensive drugs. Among them, 52 (91%) patients had BP values over 140/90 mmHg before and after HD. After adjustment, DBW of all 57 (100%) patients were reduced by more than 1 kg (2.5 ± 1.2 kg, $p < 0.01$), and in 51 (89%) patients antihypertensive drug dosage was reduced ($p = 0.023$). Nevertheless, systolic BP remained under 140 mmHg in 45 (87%) of 52 patients with poorly-controlled BP (before dialysis: 134 ± 7.4 mmHg, $p < 0.01$, after dialysis: 128 ± 9.2 mmHg, $p < 0.01$).

Conclusions: When HD patients are transferred to another AK unit, readjustment for optimal DBW is fundamental.