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Intradialytic hypotension and worse outcomes in patients with acute kidney injury requiring intermittent hemodialysis

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Objectives: Intradialytic hypotension (IDH) is a critical factor related with worse outcomes in patients receiving maintenance hemodialysis. However, clinical outcomes of IDH in patients with severe acute kidney injury (AKI) requiring intermittent hemodialysis remains unresolved.

Methods: The 1st hemodialysis sessions due to severe AKI (n = 1,046) were retrospectively reviewed. IDH was defined when a decrease in systolic blood pressure ≥30 mmHg and/or a nadir systolic blood pressure <90 mmHg occurred. Primary outcome was a transfer to intensive care unit (ICU) due to aggravating patient status. All-cause death was evaluated as an additional outcome. Hazard ratios (HRs) of outcomes were measured using Cox regression model after adjusting multiple variables.

Results: IDH occurred in 286 patients (27%) during hemodialysis. The IDH cases had higher ICU transfer rates (18%) than non-IDH cases (11%) with adjusted HR of 1.41 (1.00–1.99) (P = 0.048). Patients exhibiting IDH had higher all-cause mortality than those without IDH (HR 1.36 (1.07–1.72) (P = 0.011). Factors, such as elderly, high pulse rate, hypoalbuminemia, diabetes mellitus, active cancer, and liver cirrhosis were associated with the risk of IDH.

Conclusions: IDH occurrence in patients requiring hemodialysis due to AKI is associated with high risk of ICU transfer and death. Monitoring and early handling of IDH may improve patient outcomes.

Table1. Factors associated with transfer to ICU in Cox regression with backward stepwise elimination