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Proton Pump Inhibitors versus Histamine-2 Receptor Antagonist in patients with Continuous Renal Replacement Therapy

Ohyun Kwon[1], Jinhyuk Paek[2], Jungheon Kwon[2], Hyeonjeong Lee[2], Yaerim Kim[2], Wooyeong Park[2], Seungyeup Han[2], Kyubok Jin[2]
[1]Department of Internal Medicine-Nephrology, Daegu hospital, Korea, Republic of
[2]Department of Internal Medicine-Nephrology, Keimyung University Dongsan Medical Center, Korea, Republic of

Objectives: Multiple guidelines outline the role of stress ulcer prophylaxis (SUP) in intensive careunit settings. Proton pump inhibitors (PPI) and histamine-2 receptor antagonists (H2RA) are the two kinds of acid-suppressive agents most commonlyused in SUP.Although PPIs were previously thought to be relatively safe medications with few side effects, recent data suggest that PPI use may be associated with an increased risk of acute and chronic kidney disease. We investigated the risk of gastrointestinal bleeding and acute kidney injury recovery in patients with continuous renal replacement therapy (CRRT).

Methods: We conducted a retrospective cohort study of critically ill patients who received CRRT and started on either PPI or H2RA for SUPfrom 2018to 2021. Among the 217 patients receiving CRRT, we excluded those who underwent maintenance dialysis or kidney transplantation (n=63),or did not start either PPI or H2RA (n=9).

Results: Of the 145 patients, 74 patients (51.0%) received PPI. There were no significant differences in acute physiology and chronic health evaluation II score (23.4± 7.8 vs. 25.9± 7.1, p = 0.207) and CRRT duration (10.1 ± 13.1 vs. 9.2±12.4, p = 0.659) between PPI group and H2RA group. Gastrointestinal bleeding was comparable between 2 groups (8.1% vs. 5.6%, p = 0.746). Among the 59 CRRT survivors, 18 patients (30.5%) needed for dialysis at discharge. No difference in dialysis dependency was found between 2 groups (36.7% vs. 24.1%, p = 0.296).

Conclusions: There were no significant differences in gastrointestinal bleeding and dialysis dependency between PPI group and H2RA group in patients with CRRT.