

# Predictors of intradialytic hypertension in chronic end stage renal dialysis patients in a tertiary government hospital in Davao city

**Kirbe Aparis Labarcon**

Southern Philippines Medical Center, Davao City, Philippines

## Abstract

Patients on chronic maintenance dialysis have an alarmingly high mortality of approximately 15-20%. This rate is mainly due to cardiovascular comorbidity and, secondarily in part to the increasing prevalence of changes in blood pressure. These blood pressure changes are the most common complications that occur in these patients, most commonly hypotension, with Intradialytic Hypertension (IDH) occurring second. This single center, hospital based prospective observational cohort, research study investigated on (a) the prevalence of IDH and (b) determine the demographic, clinical profile and modifiable factors which can predict the occurrence of IDH. Three hundred thirty two (332) patients enrolled at the center were included in the study, with only 307 giving consent. Percentage prevalence of intradialytic hypertension and a higher odds ratio will depict the highest risk in determining IDH. Incidence of IDH in the study was at 37% which was higher as compared to the worldwide rate of 5-15% as well as to studies made in India, Nigeria and South Africa at 34.51%, 31% and 28% prevalence respectively. Males are significantly greater than women in the prevalence of IDH. Presence of hypertension as a comorbid is significantly higher in the IDH than in the non IDH group. Among the modifiable factors, serum albumin levels, ultra filtrate volumes, mean heart rate and arterial pressures showed significant difference between the WOH and WIH. Results from the bio impedance monitor likewise showed that the volumes of total fluid, extracellular water and intracellular water, levels of urea content and masses of adipose tissue and lean tissue were significantly higher in those with IDH. Using a logistic regression analysis, results revealed that those with the highest odds ratio in predicting the onset of IDH were ultra-filtrate volumes, serum albumin levels and intradialytic hypotension at 14.75 (3.782-57.534), 8.635 (3.603-20.696) and 1.167 (0.411-3.315) respectively. The high incidence of IDH should serve as an alarm to the institution. Measures should be taken to reduce its incidence by modifying certain practice that are already used to reduce its presence in hemodialysis patients and preventing more morbid complications like death.

**Received:** July 06, 2022; **Accepted:** July 14, 2022; **Published:** July 22, 2022

## Biography

Kirbe Aparis Labarcon have a MD. PhD in the University Saarland, Saarbrucken, Germany. He is a professor in HumanMedical University Saarland Saarbrucken, Germany.

