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Intradialytic blood pressure in hemodialysis patients

Merita Alimadhi¹, Nestor Thereska² and Artan Simaku³ ¹Regional Hospital of Fier, Albania ²University Hospital Centre "Mother Teresa", Albania ³Institute of Public health, Albania

ypertension and diabetes is a major risk factor for renal disease. Conversely, chronic kidney disease (CKD) is the most common form of secondary hypertension with mutual influence. In patients treated with hemodialysis, hypertension is common and often poorly controlled. The aim of the study was to investigate the rate of intradialytic hypertension (IDH) and its associated factors among patients with chronic kidney disease. In a cross-sectional study one hundred-forty five patients with chronic renal disease and diabetes treated with hemodialysis (HD) for at least 3 months in the Fieri regional hospital in Albania during the year 2018 were enrolled for the study. Demographic and clinical characteristics and ultrasound findings were evaluated. A multivariable linear regression model was used to find factors associated with pulmonary artery pressure. The mean age of participants was 59.9 + 13.2 years. 65 (44.8%) of the sample were females and 80 (55.2%) males. The mean duration of HD was 36 ± 29 months. The mean uricemia value in females was 5.68+1.40 mg/dl, while in males was 6.45 + 1.66 mg/dl, (p=0.01). There was no significant difference in systolic and diastolic blood pressure according to the stages of dialysis (p=0.6). The prevalence of IDH was 21.3%. Males had a significantly higher prevalence than females (p<0.01). In multivariate analyses, predictors of the IDH were volume excess p=0.02), serum albumin levels (p<0.01) and intradialytic hypotension (p<0.01). Clinicians assess the prognostic significance of intradialytic BP profiles and its change over time to prevent cardiovascular events and mortality.

Biography

Merita Alimadhi is a dedicated nephrologist at a large regional hospital. She has her expertise in evaluation and passion in improving the health and wellbeing of her patients. She is a doctoral candidate and has published several research studies and participated in different workshops and conferences. Specializing in adult nephrology, she brings over 12 years of experience in both the common and rare conditions of the kidney, renal replacement therapies, ICU nephrology including IV fluid resuscitation and management, and comorbid conditions such as cardio renal syndrome and hypertension. As an interventional nephrologist, she provides education, assistance, and evaluation regarding matters of dialysis vascular access including the performance of interventional procedures to preserve, optimize, and salvage these hemodialysis accesses.

meritaalimadhi@yahoo.com

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