

3RD WORLD NEPHROLOGY CONGRESS & 4th International Conference on CANCER RESEARCH

March 20-21, 2019 | Amsterdam, The Netherlands

Low copeptin (ctproavp) levels in patients with intradialytic hypotension

Berfu Korucu, Ozant Helvaci, Hasan Yeter, Burak Ozbas, Deniz Yuce, Sehri Elbeg and Ulver Derici
Gazi University, Turkey

Intradialytic hypotension (IDH) is related with high morbidity and mortality. There is evidence that arginine-vasopressin (AVP) responses could play a role. Copeptin is the reliable biomarker of AVP. In this study, copeptin, aldosterone, epinephrine, and norepinephrine levels in patients with IDH were evaluated throughout a hemodialysis (HD) session and compared with control group. Study is composed of 15 patients that are normotensive during HD and 15 patients IDH with a minimum HD vintage of 1 year. Blood samples were collected before initiation of HD session (T0), in the mid-session for control group, 30 minutes after mean arterial pressure (MAP) drop for IDH patients (T1), and at the end of the session (T2). Groups had similar demographic features, interdialytic weight gains, and ultrafiltration

amounts. IDH group had a MAP decline of 39,9 ($\pm 6,4$) mmHg. Copeptin levels of control group elevated averagely 79.9 (± 97.5) pmol/l at T1 and additionally 24.8 (± 33.9) pmol/l at T2. In IDH group, copeptin level rise at T1 and T2 were 3.2 (± 5.5) pmol/l and 34 (± 44.6) pmol/l; respectively. Copeptin levels of IDH group were significantly lower at T1 ($p < 0,001$), and at T0-T2 interval than control group ($p = 0,05$). In control group, aldosterone levels distinctly decreased and, in IDH group, aldosterone levels elevated ($p < 0,001$). Small changes were detected in epinephrine and norepinephrine levels for both groups and did not reach significance ($p = 0,6$ and $p = 0,3$; respectively). Lower copeptin levels suggest inadequate AVP responses in patients with IDH.

burbea@yahoo.com