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## Hemodialysis and hypertension

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Hypertension is common in patients with chronic hemodialysis and its connection to chronic renal disease is well known and is the main cause of secondary hypertension. This is a cross-sectional study involving 96 patients with chronic hemodialysis treated at the regional hospital in Fier during 2018. The prevalence of hypertension was determined by monitoring blood pressure at the beginning, mid and end of the dialysis based on systolic pressure  $\geq 140$  mmHg and/or Diastolic BP (DBP) greater than or equal to  $\geq 90$  mmHg in at least two measurements. The study included 96 patients with average age of  $60.2 \pm 13.5$  years. 65 (44.8%) of the sample were females and 80 (55.2%) males. The prevalence of hypertension was 85.4% (82/96) and it was both systolic and diastolic in 90% of patients. The mean SBP was 173 mmHg. Forty two patients (43.8%) were chronic HD with 3 sessions per week, 35 (36.5%) had two sessions per week and 19 (19.8%) had one session per week. The average hemodialysis was 46.4 months (15-311 months). Forty four (44) patients were diabetics (45.8%) and 25 (26%) were smokers. The initial nephropathy was diabetic nephropathy in 37 cases (38.5%), hypertensive nephropathy in 31 cases (32.3%), chronic glomerulonephritis in 15 cases (15.6%), chronic interstitial nephritis in 8 cases (8.3%) and chronic kidney disease of unknown etiology in 5 cases (5.2%). Diabetes, dialysis one session per week and the non-compliance with lifestyle and diet were significantly associated with hypertension. Hypertension control, particularly systolic pressure, is crucial in patients with chronic hemodialysis.

## 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 other 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 hypertension. As an interventional nephrologist, she provides education, assistance, and evaluation regarding matters of dialysis vascular access.