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Authors

Chou, Jason
Obi, Yoshitsugu
Kim, Tae Hee
[et al.](#)

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69

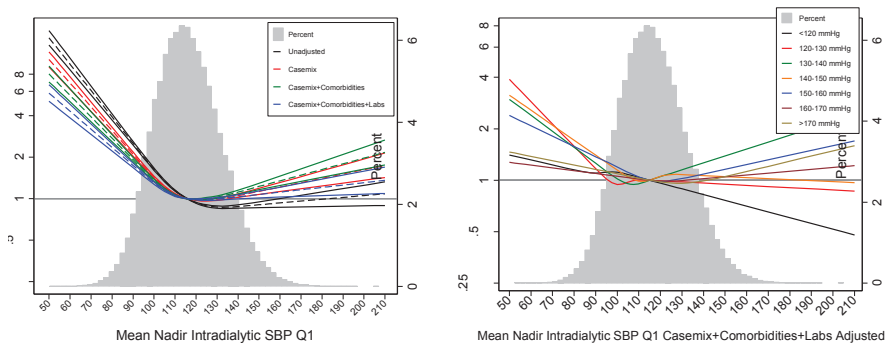
ASSOCIATION OF NADIR INTRADIALYTIC BLOOD PRESSURE AND MORTALITY IN HEMODIALYSIS PATIENTS.

Jason Chou¹; Yoshitsugu Obi¹; Tae Hee Kim¹; Elani Streja¹; Connie M. Rhee¹; Melissa Soohoo¹; John Sim² Kamyar Kalantar-Zadeh¹. ¹Harold Simmons Center, UC Irvine, Orange, CA. ²Kaiser Permanente Southern California, Pasadena, CA

Intradialytic hypotension (IDH) is a well-known complication in maintenance hemodialysis (HD) patients that is still without a consensus definition. Recent publications with varying definitions of IDH have shown that IDH is associated with higher mortality risk. We hypothesize that lower nadir intradialytic (NI) SBP is inversely associated with all-cause mortality and aim to find the optimal NI-SBP goals for HD patients with varying pre-HD SBP.

We examined the association of NI-SBP and all-cause mortality in a study cohort of incident adult HD patients during 2007–2011. Baseline (first 91 days of dialysis) NI-SBP-mortality associations were examined using Cox regression models with restricted cubic splines and adjustment for case-mix, comorbidities, and lab covariates. Associations were also examined according to pre-HD SBP strata.

Over 5 years, in a cohort of 112,013 HD patients, incrementally lower NI-SBP less than 115 mmHg was consistently and linearly associated with higher death risk across all pre-dialysis BP strata, while higher NI-SBP >140 was associated with a slightly higher mortality risk, and these associations remain robust to adjustment



for demographics, laboratory values and comorbidities.

In conclusion lower NI-SBP tends to be associated with higher all-cause mortality risk in incident HD patients. Further studies are needed to identify optimal NI-SBP goals in HD patients according to pre-HD SBP.