

INTRADIALYTIC HYPOTENSION IN INTERMITTENT AND PROLONGED KIDNEY REPLACEMENT THERAPIES IN PATIENTS WITH ACUTE RESPIRATORY DISTRESS SYNDROME DUE TO COVID-19

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Intradialytic hypotension (IDH) is a relatively common complication
 Continuous kidney replacement therapy (CKRT) is the modality of choice in critically ill patients
 COVID 19 pandemic a shortage of resources, other modalities had to be done.
 Analyze the critically ill patients with AKI related COVID-19 who developed IDH.



Prospective
 Observational
 Single-center
 April 2020-December 2021

- 263 patients
- 1942 sessions prescribed
- IH prevalence 55%
- No differences between modalities
- More IH in males, older age, higher UFR and higher bicarbonate un dialysate

	Hypotension		P value
	No (n=883)	Yes (n=1059)	
Age (years)	59.9 ± 13.1	61.0 ± 12.6	0.054
Sex			
Men	546 (62%)	767 (73%)	<0.001
Woman	336 (38%)	292 (28%)	
UF prescription (ml)	2000 (400-3000)	2500 (1000-3000)	<0.001
UF final (ml)	2000 (250-3000)	1700 (300-3000)	0.08
KRT			
HDF	129 (15%)	160 (15%)	0.27
IHD	674 (76%)	781 (74%)	
PIRRT	80 (9%)	118 (11%)	
Weight (kg)	84 ± 18.1	82.4 ± 17.9	0.054
UF rate ml/kg/h (actual body weight)	7 (5-9)	6 (4-8.6)	0.02
Norepinephrine initial	0.07 (0.03-0.11)	0.1 (0.05-0.18)	< 0.001
Norepinephrine final	0.09 (0.04-0.16)	0.12 (0.07-0.24)	< 0.001
Δ change in dose	0 (-0.01 - 0.05)	0.03 (0-0.1)	< 0.001
UF rate ml/h (real)	500 (65-750)	375 (105-662)	0.07

	OR (IC95%)	p
Age	1.01 (1.01-1.02)	0.003
Males	1.6 (1.19-2.1)	0.002
UF rate final >13 ml/kg/h	0.62 (0.29-1.3)	0.22
Norepinephrine doses at RRT initiation	7.9 (2.2-28.2)	0.001



For every 0.01 increase in norepinephrine dose (mcg/kg/min), there is a 6% chance of hypotension.

Conclusion: KRT modality and UF rate were not associated with development IDH, however the main risk factor associated was norepinephrine initial dose.