PRELIMINARY RESULTS OF DialysIS STUDY: SINGLE POOL VARIABLE-VOLUME CALCIUM KINETIC MODEL

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OBJECTIVES

The work presented here is part of the international study DialysIS (Dialysis therapy between Italy and Switzerland). This study is aimed at evaluating and validating a single-pool kinetic model used to assess the intradialytic calcium balance when the nominal concentration of calcium dialysate was 1.5 mmol/L. The main hypothesis is that the <u>infused</u> calcium will be distributed in a volume assimilable to the extra cellular volume.

METHODS

34 patients undergoing chronic bicarbonate high-flux hemodialysis with nominal total calcium concentration in the dialysate of 1.5 mmol/L were studied for 6 consecutive treatments each. Ionized calcium concentrations of plasma water (Ca²⁺pw) and dialysate (Ca²⁺D) were determined at the beginning and end of each session; calcium dialysance (D_{C_2}) was estimated from conductivity dialysance. We applied a Donnan's factor equal to 0.938.

The accuracy of the model was evaluated by comparing the end-dialysis ionized plasma water calcium concentration (Ca²⁺pwtM), normalized to pH 7.40 and the predicted plasma values (Ca²⁺pwtP). Mobilization outside Extra Cellular Water (ECW) is defined as the difference between predicted and measured concentration times ECW. Results shown as mean \pm standard deviation.

N of sessions 240	Ca ²⁺ pwtP (mmol/L)	Ca ²⁺ pwtM (mmol/L)	Ca ²⁺ pwt (P-M) (mmol/L)	p value
mean	1.33	1.30	0.02	< 0.01
SD	0.04	0.05	0.04	

Table 1. Mean values and standard deviation of end-dialysis plasma water calcium activity predicted (Ca2+pwtP), measured (Ca2+pwtM) and the difference between predicted and measured values, Ca2+pwt (P-M)

Group	n of sessions	Ca ²⁺ pwtP (mmol/L)	Ca ²⁺ pwtM (mmol/L)	Ca ²⁺ pwt (P-M) (mmol/L)	p value
1	180	1.32 ± 0.04	1.31 <u>+</u> 0.04	0.01 <u>+</u> 0.02	NS
2	60	1.34 <u>+</u> 0.04	1.28 <u>+</u> 0.06	0.07 <u>+</u> 0.05	<0.01

Table 2. Model results after division in subgroup

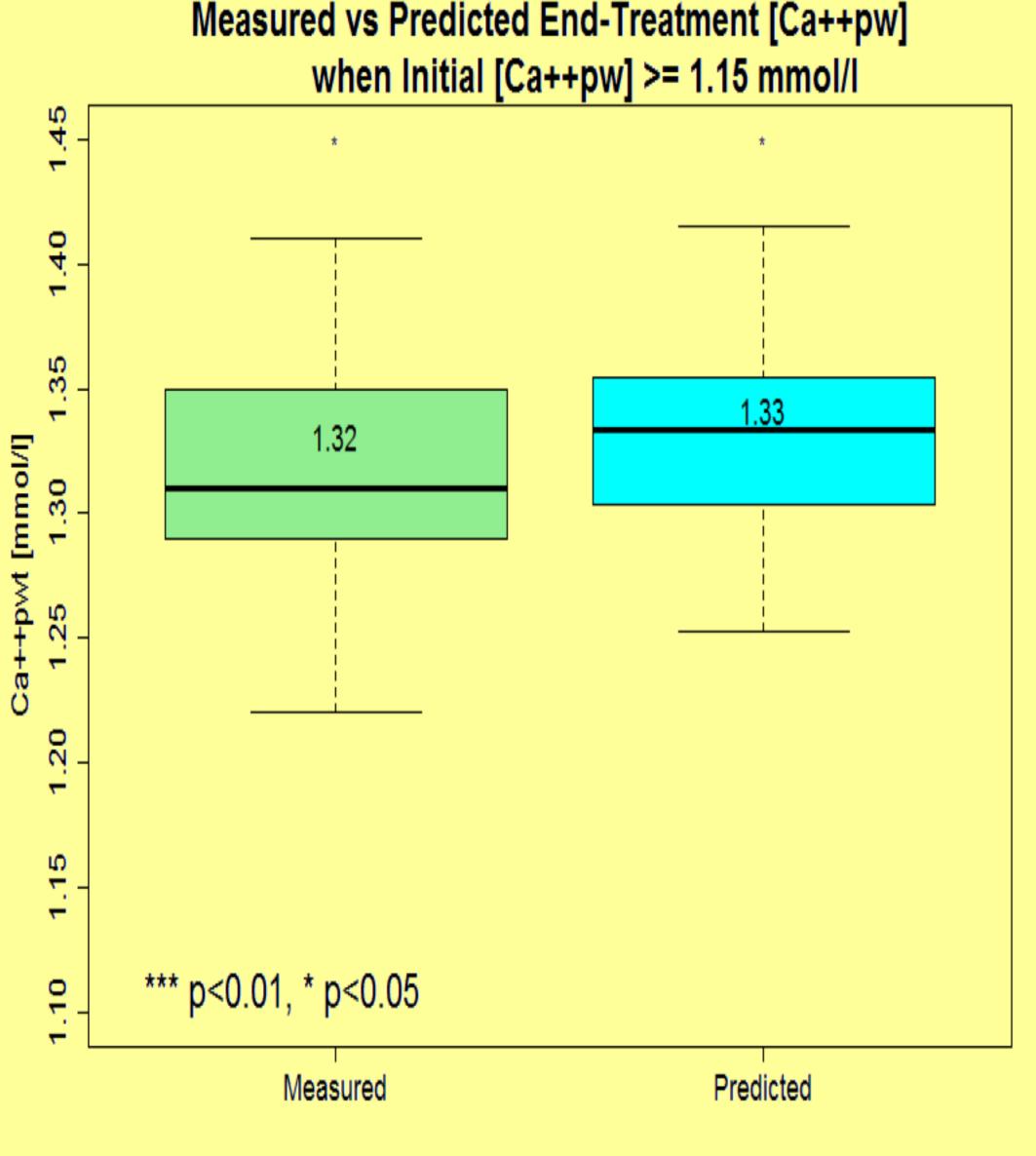
RESULTS

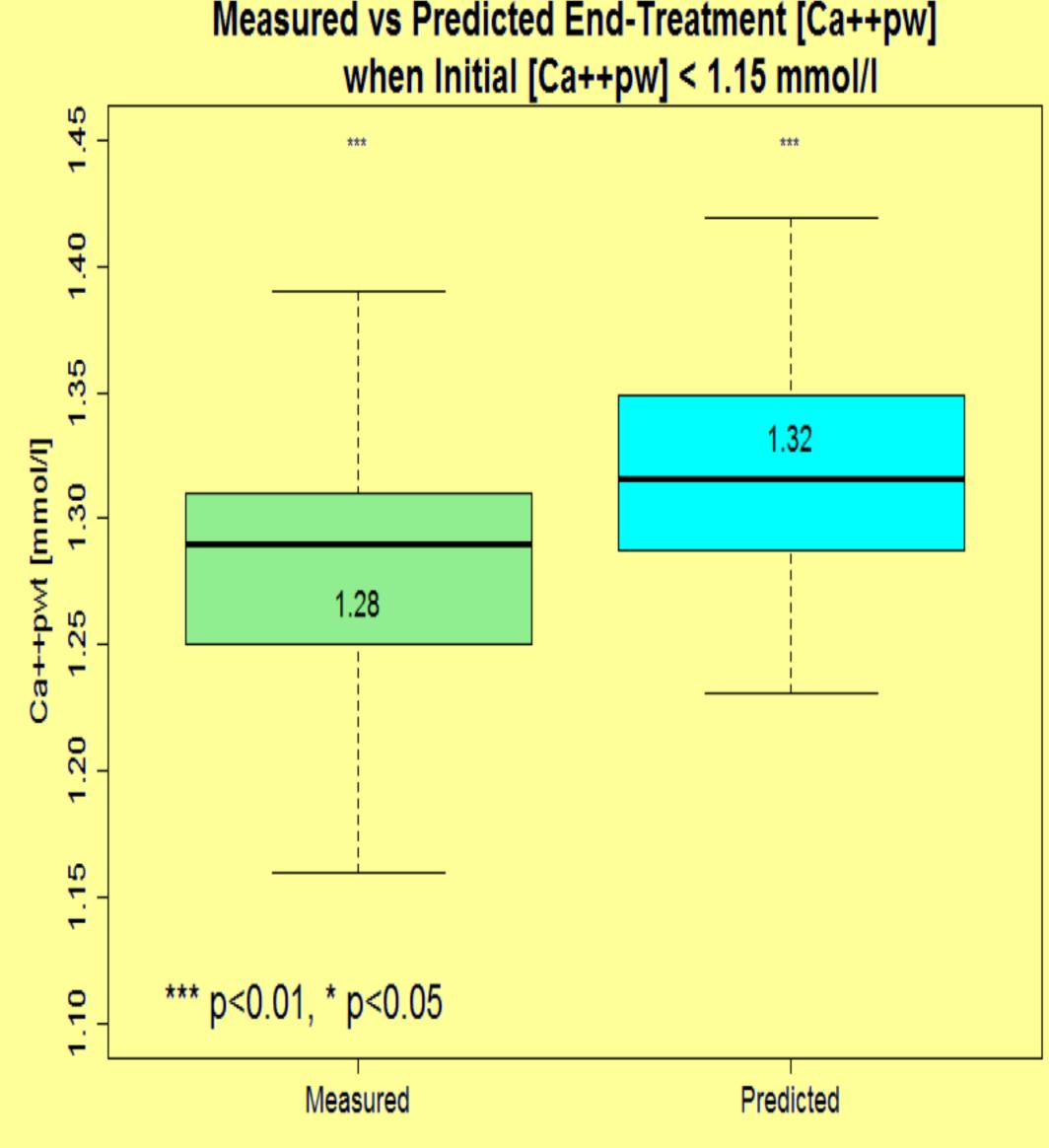
The pre-dialysis plasma water ionized calcium concentration (Ca²⁺pw0) indicate the absence of hypercalcemia in the sample $(1.17 \pm 0.07 \text{ mmol/L})$. Global Ca²⁺MB, as an average value, was negative. When individual patient were considered, 77% of patients confirmed the negative Ca²⁺MB; the remaining 23% showed a positive Ca²⁺MB.

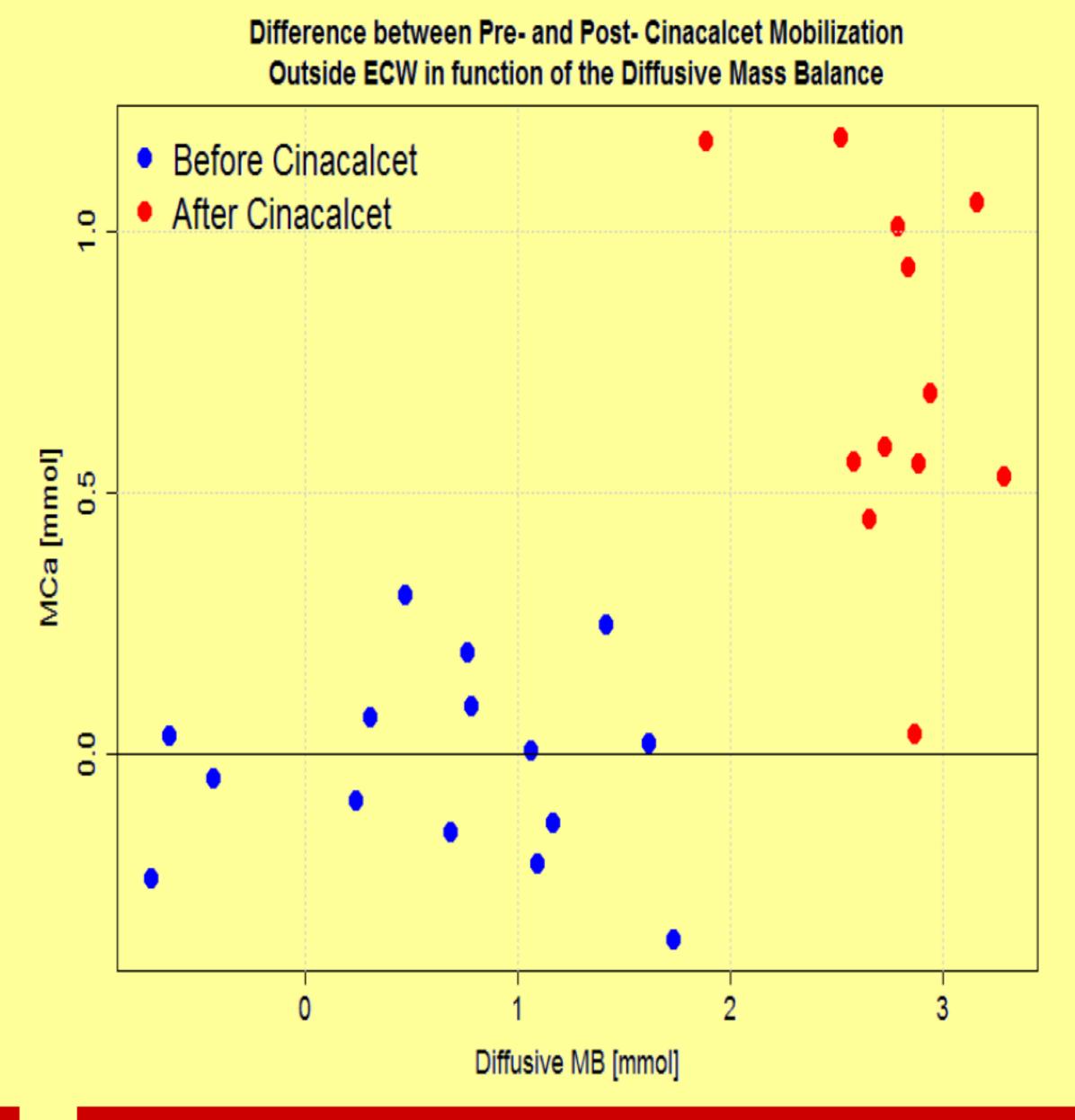
According to the variable Ca²⁺pwt (P-M), dialysis sessions were divided into two groups:

- Group 1 : $Ca^{2+}pwt (P-M) \le 0.05 \text{ mmol/L};$
- Group 2 : $Ca^{2+}pwt (P-M) > 0.05 \text{ mmol/L}$.

This threshold arise from considerations about the analyzer's imprecision (CV $2\% \pm 0.05$ mmol/L). Results shown in Table 2.







CONCLUSIONS

The very low differences between predicted and adjusted plasma water ionized calcium concentrations supports the validity of the model when applied to patients with a nominal dialysate calcium concentration of 1.5 mmol/L and a final calcium level in physiological range. Therefore the proposed SPVV-CaKM allows an accurate prediction of calcium exchange during hemodialysis.

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