

INFLUENCE OF ERYTHROPOIETIN ON COGNITIVE FUNCTION IN MAINTENANCE HEMODIALYSIS PATIENTS

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OBJECTIVES

Cognitive impairment is common among maintenance hemodialysis (HD) patients. Anemia has been identified as a risk factor for cognitive impairment but little is known about influence of erythropoietin dose on cognitive functions before and after HD. Symbol Digit Modalities Test (SDMT), Trail Making Test, form A (TMT A) and Complex Reactimeter Drenovac (CRD series), a battery of computer generated psychological tests were used to assess relationship between erythropoietin and cognitive function in maintenance HD patients.

METHODS

A selected population of 50 (aged 61.40±10.84 years) adult patient on HD (3.80±2.82 years) were investigated. Data of EPO administration usage per week (EPO_week) and EPO administration usage per week per kg of body weight (EPO_week_kg) were assessed from patient's records 3 weeks retrospectively before cognitive testing. Assessment of cognitive functions was performed one hour before and one hour after HD by CRD to measure short-term memory and convergent thinking. Results of CRD-series tests were given as total time of test solving (TT) and minimum time of test item solving (MT). Higher CRD-series tests scores (TT and MT measured in seconds) indicate poorer cognitive performance. SDMT was used to measure oculomotor abilities and hand-eye coordination. Higher SDMT score indicated better cognitive performance. Furthermore, TMT A measure attention, visual scanning, motor speed and planning ability. Lower scores indicating better cognitive function.

Table 1 Correlations between erythropoietin and cognitive performance among all subjects (Pearson correlation coefficient, one-tailed significance level), significant correlations are marked).

| Test | Test results | EPO_weekly | | EPO_weekly_kg | |
|---|---------------|-------------------------|--------|-------------------------|---------|
| | | Correlation coefficient | P | Correlation coefficient | p |
| Test of short-term memory actualization | Pre_HD_TT | -0.247 | 0.042* | -0.246 | 0.040* |
| | Pre_HD_MT | -0.330 | 0.010* | -0.335 | 0.010* |
| | Post_HD_TT | -0.260 | 0.037* | -0.261 | 0.040* |
| | Post_HD_MT | -0.264 | 0.035* | -0.250 | 0.040* |
| Test of convergent thinking | Pre_HD_TT | -0.263 | 0.044* | -0.210 | 0.090 |
| | Pre_HD_MT | -0.264 | 0.044* | -0.210 | 0.090 |
| | Post_HD_TT | -0.381 | 0.006* | -0.329 | 0.020* |
| | Post_HD_MT | -0.265 | 0.043* | -0.316 | 0.020* |
| Trail Making Test, form A | Pre_HD_TT | -0.262 | 0.033* | -0.230 | 0.060 |
| | Post_HD_TT | -0.280 | 0.025* | -0.287 | 0.020* |
| Simbol Digit Modalities Test | Pre_HD_score | 0.379 | 0.004 | 0.401 | <0.001* |
| | Post_HD_score | 0.350 | 0.008 | 0.336 | 0.010* |

Legend: p, significance; *p < 0.05; EPO_week, total weekly dose of erythropoietin; EPO_week_kg, weekly dosage of erythropoietin per kg of body mass; Pre_HD_TT, pre hemodialysis total test solving time; Pre_HD_MT, pre hemodialysis minimum time of item solving; Post_HD_TT, post hemodialysis total test solving time; Post_HD_MT, post hemodialysis minimum time of item solving

RESULTS

Statistically significant negative correlations between total EPO_weekly dose and cognitive test scores were found. Also, statistically significant negative correlations between EPO_weekly_kg and cognitive test scores were found as presented in Table 1. Those HD patients with higher EPO_weekly and EPO_weekly_kg dose performed better on cognitive testing.

CONCLUSIONS

The results demonstrated that higher EPO dose is correlated with better cognitive performance. Future research should continue to examine which cognitive domains are particularly related to EPO treatment.

