

ACUTE HEMODYNAMIC RESPONSES TO INTRADIALYTIC EXERCISE

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Intradialytic exercise (IDEX) has been advocated for its feasibility and effectiveness for improving important health outcomes in hemodialysis (HD) patients.



However, IDEX is infrequently implemented, in part due to hypothesized safety concerns in patients with hemodynamic instability, and particularly during the third hour of treatment when these concerns are the greatest.

Aim: To evaluate the safety of IDEX by examining its effect on intradialytic cardiovascular (CV) hemodynamics.

Methods

Overview: Intradialytic changes in brachial, aortic and cardiac hemodynamics and autonomic function were examined during a normal HD session without exercise, or when 30-minutes of cycling exercise was performed during either the 1st or 3rd hour into HD.

Cross-over design with 3 conditions

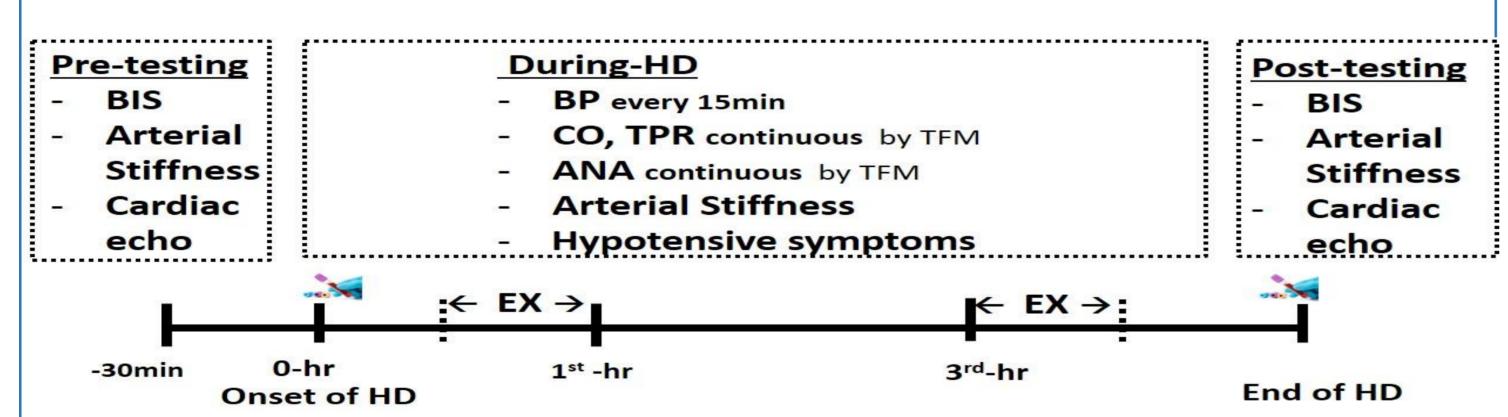
- 1) Normal HD (CON)
- 2) IDEX during 1st-hr into HD
- 3) IDEX during 3rd-hr into HD
 - * randomization in the conditions 1) & 2) and the condition 3) ran last

Inclusion/ Exclusion

- 30-70 yr old, HD at least 3 times per week, on HD > 3months
- No orthopedic problem, COPD, decompensated CHF

Exercise Protocol

Cycle for 30 minutes at a self-selected pace (11 ~ 13 on RPE scale)



BIS: Bioimpedence Spectroscopy (*SFB7*, *Impedimed Inc.*, *CA*, *USA*), Arterial Stiffness (*Mobil-O-Graph*), **Cardiac Echo**: Cardiac Echocardiography (*ProSound* α-7, *Aloka*), **BP**: Blood Pressure, **CO**: Cardiac Output, **TPR**: Total Peripheral Resistance, **ANA**: Autonomic Nerve System Activity, **TFM**: Task Force Monitor (thoracic bioimpedance, *CNSystems*), **EX**: Exercise, **HD**: Hemodialysis

Statistical Analysis

- Mixed Model Analysis (patient: random),
- Repeated Measures over an HD session
- Nested within IDEX day

Aim 1: BP = IDEX * Time * Patient

Aim 2: BP = IDEX * Time * Hydration * Patient

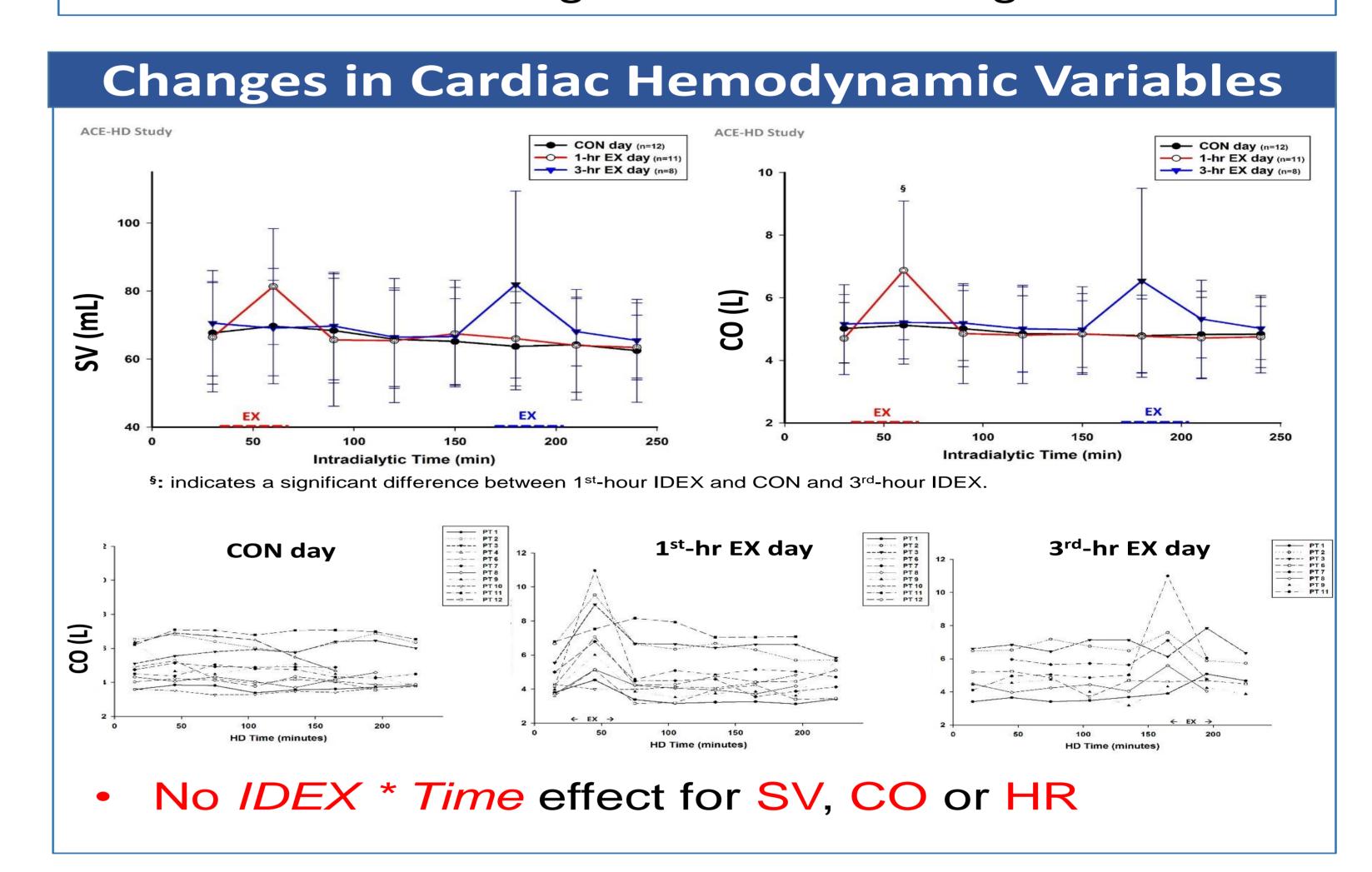
Additionally, ANOVA between IDEX days on absolute and \triangle BP_i = BP_{i-min} - BP_{0-min} at every 30 minutes into HD

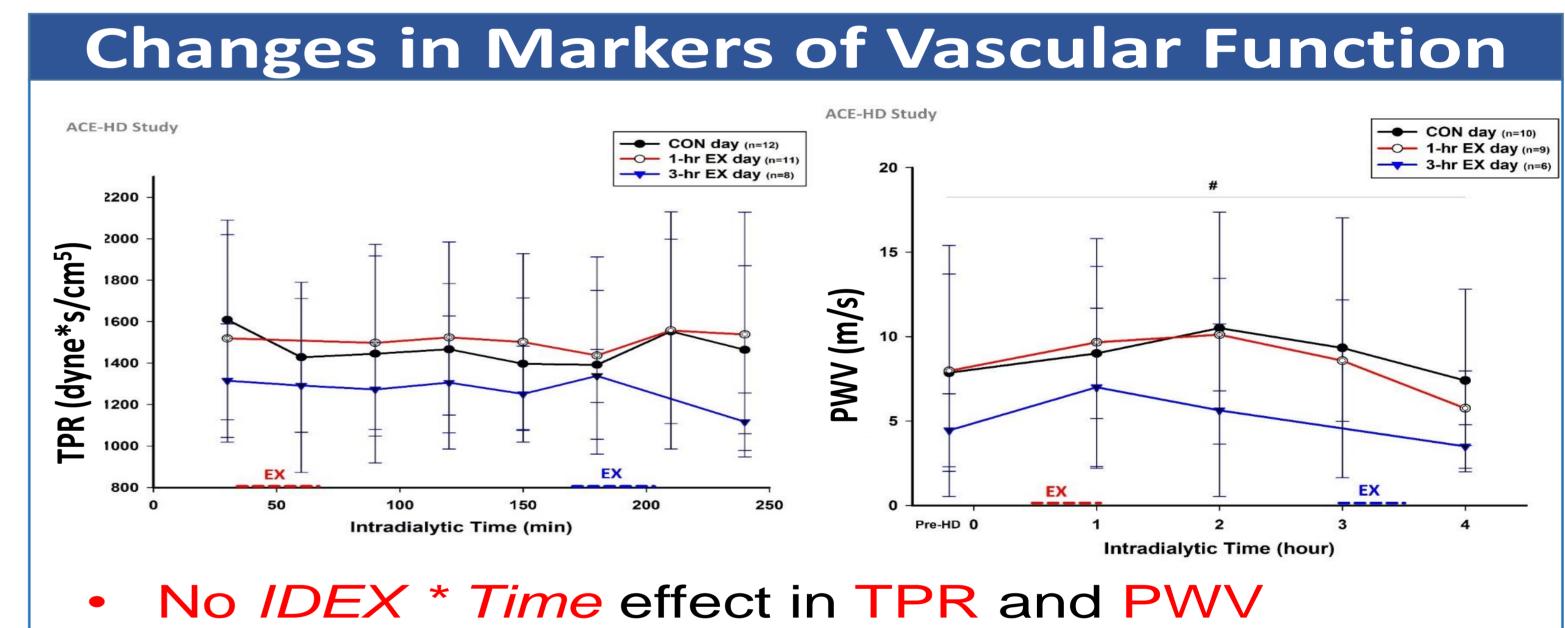
Aim 3: Pearson correlation between changes in BP and other hemodynamics

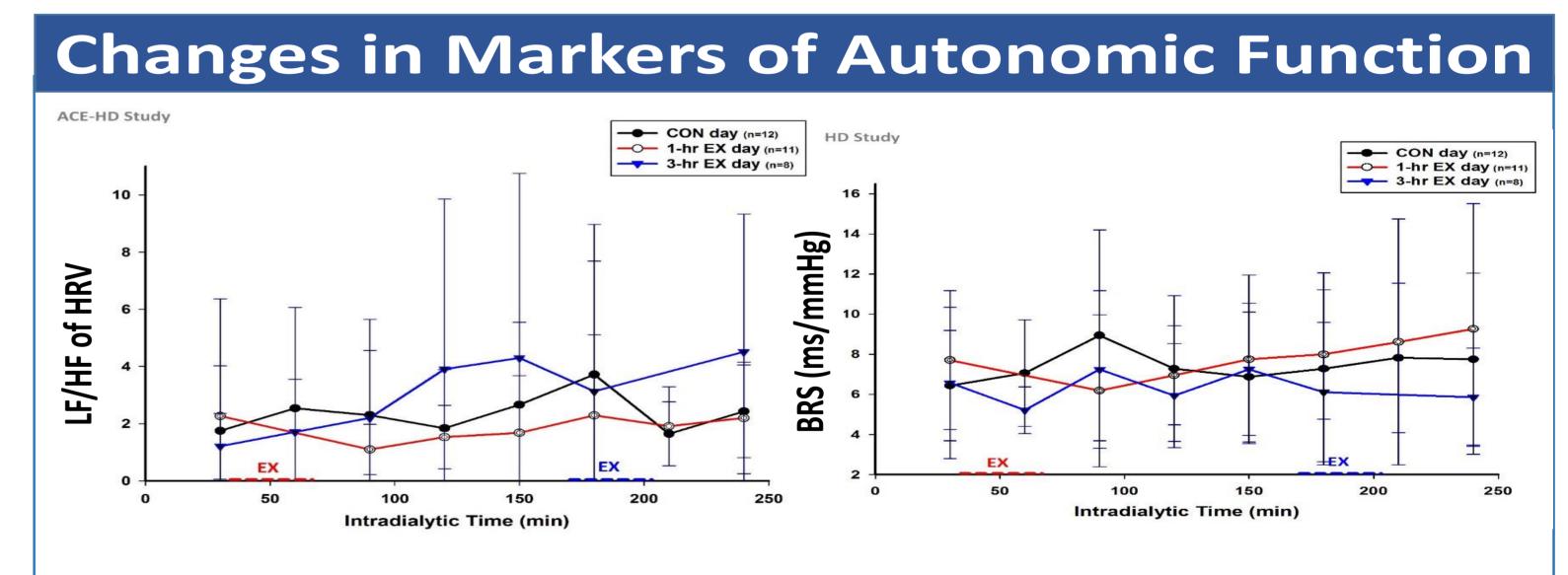
Patient Characteristics (n=12) Mean ± SD **Variables** Variables Mean ± SD BMI (Kg/m²) 48.5 ± 14.6 55.9 ± 8.6 Age (yr) 83.3 ± 20.2 Males (n) Weight(kg) HTN (n) 11 Diabetes (n) 4 IDWG (kg) 2.3 ± 1.1 2.8 ± 1.1 UF (L) bSBP (mmHg) 126 ± 19 SV (mL) 73.2 ± 23.4 bDBP (mmHg) 76.5 ± 17 CO(L) 5.4 ± 1.7 Aix75 (%) **TBW (%)** 61.0 ± 11.5 18.3 ± 13.6 PWV (m/s) **ECW (%)** 44.3 ± 3.5 8.2 ± 0.7

BMI: Body Mass Index, **HTN**: Hypertension, **IDWG**: Interdialytic Weigh Gain, **UF**: Ultrafiltration goal, **bSBP**: Brachial Systolic Blood Pressure at Pre-HD, **bDBP**: brachial Diastolic Blood Pressure, **SV**: Stroke Volume, **CO**: Cardiac Output, **Aix75**: Augmentation Index, **PWV**: Pulse Wave Velocity, **TBW**: Total Body Water, **ECW**: Extra Cellular Water

- No IDEX * Time effect for brachial or aortic BP
- Overall decreasing Time effect during HD for SBP







- No IDEX * Time effect for Autonomic parameters
- Overall *Time* effect: ↑sympathetic, ↓parasympathetic activity

Conclusions

Primary findings

- IDEX did not cause further hemodynamic fluctuation during HD
- This null effect of IDEX on hemodynamic parameters during HD was demonstrated regardless of the timing of exercise and patients' underlying CV characteristics. i.e., exercise during the 3rd hour of treatment did NOT adversely effect hemodynamic variables
- There were transient increases in SV, CO and HR during IDEX

Secondary findings (results from Aim 3; data not shown)

- Autonomic function may play a role in regulating BP during HD
 - Overhydration was related to larger BP drops and symptoms

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