

STROKE IN PATIENTS ON MAINTENANCE HEMODIALYSIS: A 10-YEAR SINGLE CENTER STUDY



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Introduction and aims

Stroke is the third most common cause of cardiovascular disease death in pts on hemodialysis (HD), but the implications for mortality after stroke in these pts are not fully understood.

The aim of this study was to examine predictive value for stroke death of various clinical variables after long-term HD **Methods**



We studied 261 prevalent HD pts (mean age at beginning of HD 49.69±15.59 years, diabetes 17.2%) in our HD center during 10-years. Cerebrovascular disease death was defined as fatal-stroke death with evidence of compatible neuroimaging.

Results

During the 10-year follow-up, 171 out of 261 pts (65.5.4%) had died, 40 (23%) pts from fatal-stroke, 64 (37%) pts from cardiac disease (CD) and 67 (39%) pts from noncardiovascular disease (non-CVD).

Patients died from fatal-stroke are significantly different from pts died from CD and non-CVD with higher systolic and diastolic blood pressure, pulse pressure, ultrafiltration, phosphate levels and N-terminal pro-B-type natriuretic peptide (NT-proBNP)

Kaplan-Meier analysis showed that pts with systolic blood pressure>150mmHg, pulse pressure >65mmHg and NTproBNP>17000 pg/ml had a higher morality from fatal-stroke than pts with systolic blood pressure<150mmHg, pulse pressure<65 mmHg and NT-proBNP <17000 pg/.</p>



Comparative characteristics of pts died from fatal stroke, cardiac disease and non-cardiovascular disease				
	Fatal-stroke	Cardiac disease	non-CVD	p
Age (years)	53.80 ± 14.41	57.58 ± 13.59	48.55 ± 14.32	0.001
Systolic blood pressure	157.28 ± 23.16	135.25 ± 21.35	130.31 ± 24,71	0.000
Diastolic blood pressure	91.68 ± 16.68	76.62 ± 13.97	76.56 ± 17.12	0.000
Pulse pressure	65.60 ± 14.33	58.63 ± 17.29	53.75 ± 13.82	0.001
Ultrafiltration (L)	3.06 ± 0.84	2.74 ± 0.65	3.03 ± 0.81	0.045
Phosphate (mmol/L)	1.61 ± 0.38	1.41 ± 0.36	1.47 ± 0.35	0.024
NT-proBNP/ pg/ml	18148.27 ± 12222.09	15386.13 ± 12573.93	5721.78 ± 5702	0.014

Conclusions

Patients undergoing HD have high mortality after fatal stroke which has multifactorial reasons

 Our findings confirm the association of systolic blood pressure >150mmHg, pulse pressure >65mmHg and volume overload with NT-proBNP >17000 pg/ml with higher mortality from fatal stroke among maintenance HD patients.



