EFFECT OF THE BLOOD PRESSURE IN MORPHOLOGICAL CHANGES IN **BRAIN: MRI STUDY IN HAEMODIALYSIS PATIENTS** (**KIDBRAIN**, **NCT02827253**)

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INTRODUCTION AND OBJECTIVES: Intradialytic hypotension (IDH) symptomatic or asymptomatic is a risk factor that may affect the structural integrity of the central nervous system (CNS) and can determine cognitive impairment. Structural changes in brain and its relationship with IDH has not been well described. The objective of the study is to analyze the effect of IDH over the structure of the CNS.

METHODS: Cross-sectional study that includes 68 patients with at least 6 months on haemodialysis therapy. Gray (cortical and subcortical areas) and white matter volumes were analyzed in addition to the

	Demographic and clinical data (N:68)			
Inclusion Criteria	Age (years)	58,6 +/- 14,7		
Prevalent patients of	Gender (male[%]/female [%])	64,7/32,3		
haemodialysis (6 months minimum)	Diabetes (%)	23,5		
 Age between 18 and 80 	Dyslipidemia (%)	70,6		
 years old Informed consent signed <u>Exclusion Criteria:</u> Refuse to participate in 	<i>Vascular access (Arteriovenous fistula [%]/ Central Venous Catheter [%])</i>	86,8/13,2		
the studyContraindications for MRI	History of cardiovascular disease (%)	50		
Clinic neurologic disorders like anilongy, domentia	Time in dialysis (months)	46,5 (24-104)		
cerebrovascular disease	preHD BSP (mmHg)	139,2 +/- 16,8		
	Interdialytic weight gain (ml)	1873,1 +/- 685		
	Total Ultrafiltration (ml)	1866 +/- 717		
	KtV	2,0 +/- 0,5		
	Convective volume (L)	27,6 +/4,1		
	Residual renal function, >500ml/24h (%)	26,5		

functional integrity of the axons determined by fractional anisotropy (FA) obtained by MRI. We analyzed 18 non-consecutive sessions corresponding to the first week of each month of a 6-month period. We used different IDH criteria (*Nadir90*: minimun intradialytic SBP<90 mmHg, *Nadir100*: minimun intradialytic SBP<100 mmHg, *Fall20*: Pre-HD minus SBP minimum intradialytic SBP:≥ 20 mmHg, *Fall30*: Pre-HD minus SBP minimum intradialytic SBP:≥ 30 mmHg, *KDOQI*: Pre-HD minus SBP minimum intradialytic SBP:≥ 20 mmHg and symptons, **HEMO:** fall in SBP resulting in intervention of UF reduction, blood flow reduction or saline administration) and verified the number of sessions where these criteria were found. The influence of the IDH was studied in models adjusted by age, gender, DM, HD vintage, history of cardiovascular disease, ultrafiltration rate, and corporal composition by BCM-FMC[®].

RESULTS: We found negative correlation between the structure of CNS and number of sessions with IDH (table). The multivariant analyses revealed an independent effect of the IDH over the gray matter for Nadir definitions and dependent effect of the number of sessions with high ultrafiltration rate (>12ml/h/Kg: Beta:-0,524,p:0,007*) for the others definitions, also independent effect of the IDH over the white matter, and dependent effect of ICW/ECW (Beta:-0,558,p:0,009**) ratio for Fall20 and Fall30 definitions over

b







FA.



a) Structural analysis of patient on HD, b) Fractional anisotropy of another patient on HD

	Gray matter (GM)			White matter (WM)			Fractional anisotropy (FA)					
IDH	R	р	Beta	р	R	р	Beta	р	R	р	Beta	р
Nadir90	-0,404	0,001	-0,291	0,006	-0,339	0,005	-0,273	0,011	_	NS	_	NS
Nadir100	-0,339	0,005	-0,241	0,027	-0,313	0,009	-0,298	0,005	_	NS	_	NS
Fall20	-0,363	0,002	*	*	-0,362	0,002	-0,215	0,049	-0,337	0,005	**	**
Fall30	-0,345	0,003	*	*	-0,340	0,005	-0,271	0,011	-0,272	0,025	**	**
KDOQI	-0,355	0,003	*	*	-	NS	_	NS	_	NS	_	NS
HEMO	-0,331	0,006	*	*	-0,302	0,012	_	NS	_	NS	_	NS

Gray matter of region of interest	NADIR 90	р
Hemispheric	Coefβ -0,516	<0,001
Frontal lobe	Coefβ -0,506	<0,01
Parietal lobe	Coef β -0,499	<0,01
Temporal lobe	Coef β -0,559	<0,05
Occipital lobe	Coef β -0,515	<0,005
Nucleus basali	Coef β -0,574	<0,05

R: correlation coefficient, p: statistical significance, Beta: Beta coefficient. *, **: Not statistically significant in multivariate analysis NS: Not statistically significant. Gray (GM) /green (WM): independent association in multivariate analysis . Blue: correlation with FA Model adjusted by age, gender, HD vintage, diabetes mellitus, Charlson comorbidity index, residual renal function, preHD SBP

CONCLUSIONS:

IDH, even asymptomatic, has a negative and independent effect of other cardiovascular risk factors on the structure of the CNS conditioning a smaller volume of gray matter, white and a worse functional integrity axonal. The negative effect of the IDH (Nadir90 / Nadir100) is independent of a high UF ratio in contrast to the other IDH definitions.

