

COMPARISON OF CITRATE 4% AND HEPARIN AS TUNNELED-CATHETERS-LOCKING SOLUTIONS IN CHRONIC HEMODIALYSIS

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Introduction

Citrate 4% is an alternative to heparin as catheter-locking solution in patients on chronic maintenance hemodialysis^{1,2,3}. We compared catheter dysfunction episodes, dialysis adequacy, tissue plasminogen activators use and costs according to catheter-locking solution in our centre.

Methods

Prospective, monocentric, cohort study (NephroCare Tassin-Charcot) on 49 prevalent patients on chronic maintenance hemodialysis. 2 main groups were formed according to the prescription of catheter-locking solution at the beginning of the study (03/02/2016) and followed until 05/10/2016: "Heparin" (n=26) and « Citrate » (n=22).

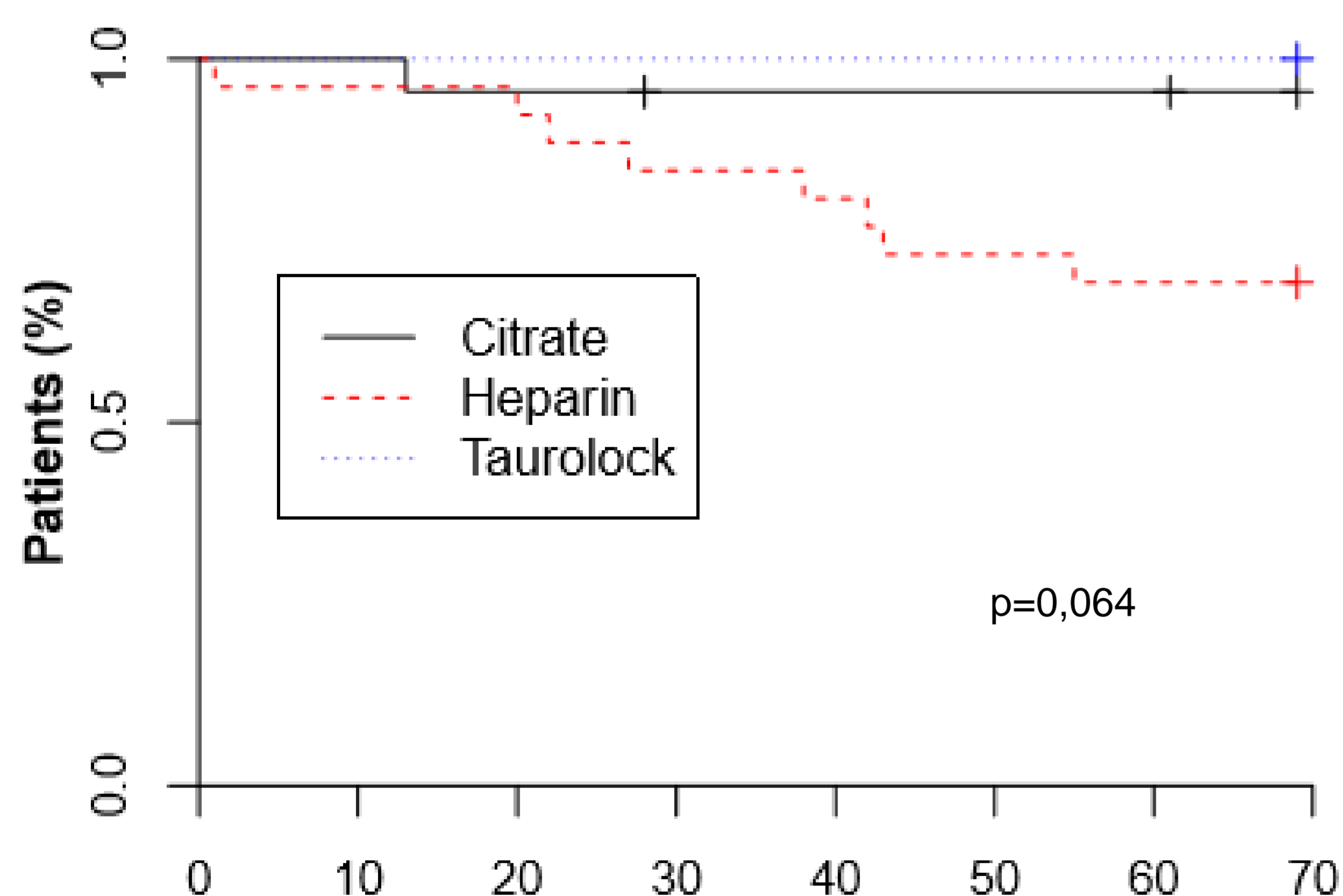
Results

The number of diabetic patients was higher in the « Citrate » group (12/22) than in the "Heparin" one (5/26, p=0.025). The 2 groups were comparable for the other studied variables.

Variable	Heparin (n=26)	Citrate (n=22)	p
Age, y (SD)	74.28 (15.8)	72.12 (17.5)	0.65
Male, n (%)	13(50.0)	10 (45.4)	0.98
Diabetes, n (%)	5 (19.2)	12(54.5)	0.025
Duration on HD, y (25 th to 75 th percentile)	2.68(4.89)	1.27(1.95)	0.067
Current catheter duration, y (25 th to 75 th percentile)	1.04(1.81)	1.21(2.01)	0.912
Platelet count, n (SD)	200.8 (66.2)	208.1 (66.6)	0.706
Warfarin use, n (%)	12 (46.1)	8 (36.3)	0.695
Blood flow, mL/min (SD)	300.7 (25.6)	304.3 (34.8)	0.69
Duration of sessions, min (SD)	267.7 (51.6)	266.4 (54.3)	0.93

Table 1. Clinical and biological characteristics.

SD, Standard Deviation; HD, Hemodialysis.



	Time (days)							
Heparin								
n at risk	26	25	24	22	21	19	18	18
Citrate								
n at risk	22	22	21	20	20	20	20	19
Taurolock								
n at risk	1	1	1	1	1	1	1	1

Figure 1. Catheter functionality without TPA use

TPA, Tissue Plasminogen Activator.

We didn't observe any difference in terms of catheter-dysfunction (4.23 versus 4.14% in « Heparin » and « Citrate » groups, respectively, p=1.0). None catheter-associated bacteriemia occurred.

Variable	Heparin (n=946)	Citrate (n=604)	p
Catheter dysfunction, n (%)	40 (4.23)	25 (4.14)	1.0
TPA use, n (%)	14 (1.48)	1 (0.17)	0.022
Blood flow lower than 230 mL/min, n (%)	34 (3.59)	25 (4.14)	0.70
Catheter-associated bacteriemia, n	0	0	

Table 2. Catheter dysfunction and catheter-associated bacteriemia.

TPA, Tissue Plasminogen Activator.

We didn't observe any difference in terms of dialysis adequacy

Variable	Heparin (n=26)	Citrate (n=22)	p
Blood volume processed, % (SD)	93.06 (4.54)	94.32 (4.29)	0.33
Effective dialysis time, % (SD)	97.76 (2.02)	97.17 (3.22)	0.46
Blood flow, % (SD)	95.16 (0.04)	97.0 (0.03)	0.11
Kt/V, (SD)	1.49 (0.36)	1.48 (0.49)	0.93

Table 3. Blood volume processed, effective dialysis time, blood flow and Kt/V.

Data are expressed as percentage of blood volume prescribed, dialysis time prescribed and blood flow prescribed.

The prescription of Citrate was associated with lower TPA uses (1/604 versus 14/946, p=0.022) and lower costs (1.42 € for one session versus 2.94 €).

	Heparin (n=946)	Citrate (n=604)
Locking-solutions use-associated costs, €	1892	797.28
TPA use-associated costs, €	885.78	63.27
Total costs, €	2777.78	860.55
Average cost by session, €	2.94	1.42

Table 4. Costs.

TPA, Tissue Plasminogen Activator.

Conclusion

Administration of Citrate 4% as a catheter-locking solution is not inferior to Heparin in terms of catheter-dysfunction episodes, is associated with similar dialysis adequacy results, lower tissue plasminogen activators uses and reduced costs in prevalent patients on chronic maintenance hemodialysis.

References

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