



Managing interdialytic weight gain in CKD patients with diabetes

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Introduction / Objectives

• Introduction

- Evidence of an increased incidence of orthostatic hypotension in this population of patients
- Hard to manage a vicious circle of “thirst and polydipsia”

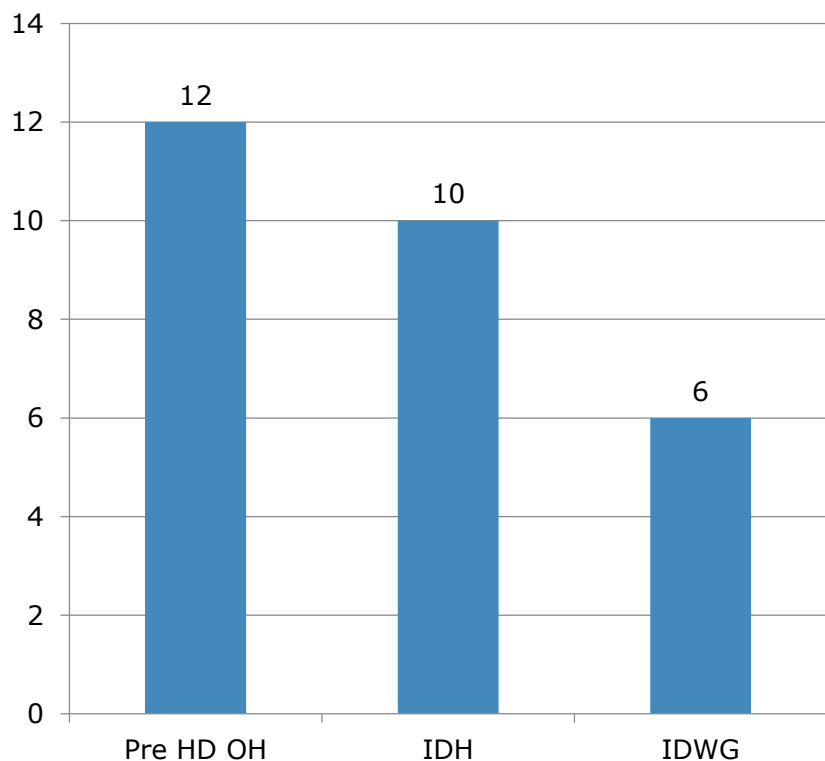
• Objectives

1. To improve the blood pressure control and fluid balance in this cohort of patients
2. To educate this cohort of patients about the consequences of fluid overload and how to manage their fluid intake
3. To reduce the incidence of dialysis related hypotension

• Methods

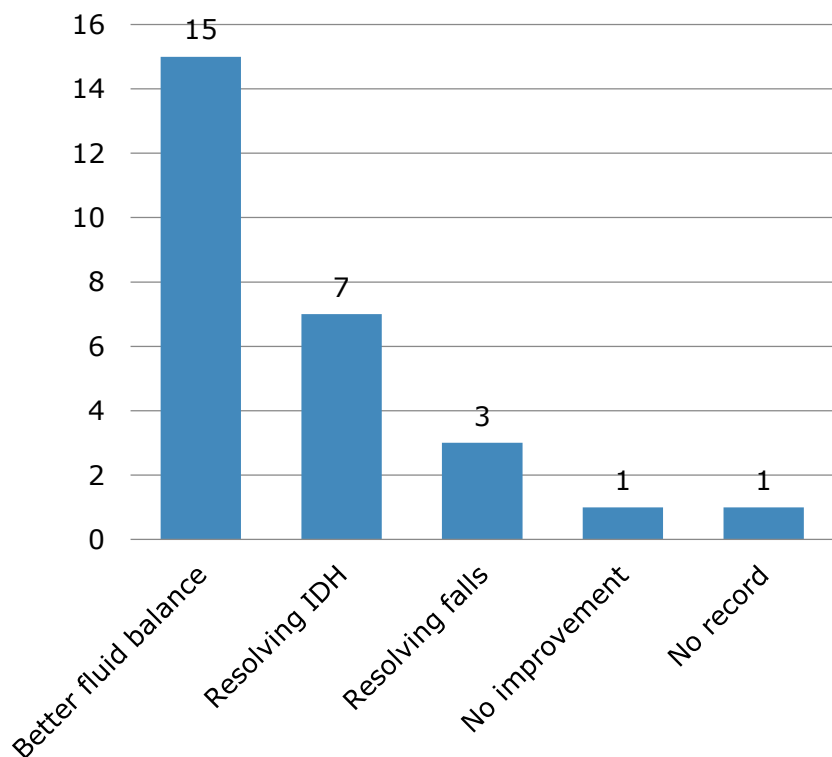
- Measurement of sitting/standing BP pre/post dialysis in this cohort (N=19)
- Individualised patient ultrafiltration based on BP assessment
- Medical review to assess antihypertensive medication and/or dry weight
- Discussed weight and BP with the patients and agreed a plan

Diabetic Patients on HDF (N=18)



Legend	
HD	Haemodialysis
OH	Orthostatic Hypertension
IDH	Intra-dialytic Hypotension
HBP	High Blood Pressure
IDWG	Inter-dialytic Weight Gain

Post Intervention (N=18)



- Patients have become more aware of how fluid intake influences their BP.
- Patients reported that they felt better with reduced incidence of feeling “shaky”, “tired” and “dizzy”.
- A reduction in postural hypotension.

Conclusion

- **In order to achieve a good response from the patient one must take an holistic approach.**
- **All patients had multiple co-morbidities which had an impact on their ability to understand and control their fluid intake.**
- **By reducing the intra-dialytic hypotensive episodes patients felt better and were more receptive to education.**
- **Staff understanding of BP management is important, for ensuring successful patient management**
- **Sitting and standing BP has become embedded into practice.**
- **Patient autonomy has improved.**