

A MORE ACCURATE METHOD OF PREDIALYSIS (preD) BLOOD PRESSURE (BP) DETERMINATION.

Paul G. Jenkins and Marilyn Neuens, ARA Milwaukee Dialysis Center, Milwaukee, WI, USA.

The preD BP is used as a measure of hypertension (HTN) control in chronic hemodialysis (HD) patients (pts). We measured the preD BP when pts arrived at their dialysis station (Method A) and after sitting quietly for 5-10 minutes, when HD was initiated (Method B).

In 54 chronic HD pts, the mean preD BP value obtained for 2 months using Method A was compared with the mean preD BP value obtained for 2 months using Method B. Over 2,700 dialyses were evaluated. Systolic HTN was present in 36 of the 54 pts (67%) using Method A, but in only 19 of the 54 pts (35%) using Method B. Diastolic HTN was present in 5 of the 54 pts (9%) using Method A, but in only 1 of 54 pts (2%) using Method B. There was a highly significant decrease in preD BP using Method B compared to method A in the group as a whole (144/76 to 133/71) and specifically in those pts who had HTN (155/80 to 139/80) ($P < 0.001$).

We conclude that the preD BP as is determined in most dialysis facilities, i.e. when pts arrive at their station, is often erroneously elevated. We recommend that the preD BP of record should be the BP obtained after the pts have been sitting for 5 to 10 minutes, or at the initiation of their HD treatment. This is consistent with the standard recommendation for any outpatient. Using this method will provide a more meaningful assessment of BP control in HD pts. and perhaps avoid unnecessary medication.