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Higher Hematocrits are Associated with Lower Cardiovascular Ischemic Events.

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Recently, chronic dialysis patients without cardiac disease have been shown to have improved cognitive function, cerebral flow, and enhanced global assessment scores when their hematocrits were increased to above 36%. Only one trial in patients with cardiac disease has shown a potential risk of cardiac morbidity when the hematocrit was increased to 42%. Few studies have assessed the risk of cardiovascular ischemic events (including ischemic heart disease, cerebrovascular disease, and peripheral vascular disease) at hematocrit levels between 33-<36% (the DOQI target range) and <42%. We studied 66,761 incident Medicare hemodialysis patients from 1996-1998 who survived 9 months, assessing the likelihood of cardiovascular ischemic events in the follow-up period. Each patient survived Month 4 through Month 9 of the entry period, characterizing age, gender, race, comorbidity (including a history of cardiovascular disease), severity of disease, and hematocrit level. Outcomes in the one-year follow-up were hospitalization for ischemic heart disease, cerebrovascular disease, and peripheral vascular disease. Relative risks (with p-values) from a Cox regression model, stratified on diabetes, are shown below (reference group Hct 33-<36%).

<30%	30-<33%	33-<36%	36-<39%	39%+
1.11 (0.02)	1.11 (0.001)	1.0	0.70 (<0.0001)	0.72 (0.07)

The risk of ischemic hospitalization events, including heart disease, cerebrovascular disease,

and peripheral vascular disease, was significantly higher in patients who had hematocrits less than 33% compared to those with hematocrits of 33-36%. In the group with hematocrits 36-39%, there was a 30% lower associated risk of ischemic cardiovascular events compared to the group with hematocrits of 33-36%. We conclude that hematocrits in the 36-39% range are not associated with an increased risk of cardiovascular ischemic events.

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Higher Hematocrits are Associated with Lower Cardiovascular Ischemic Events.

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Studies in patients with non-cardiac disease have shown hematocrit levels >36% are associated with _____

_____ Recently, chronic dialysis patients without cardiac disease have been shown to have improved cognitive function, cerebral blood flow and enhanced global assessment scores when their Hct's were increased to above 36%. Only, one trial in patients with cardiac disease has shown a potential risk of cardiac morbidity when the Hct was increased to 42%. Few studies have assessed the risk of cardiovascular ischemic events (including ischemic heart disease, cerebrovascular disease, and peripheral vascular disease) at Hct levels between the 33<36% (DOQI target) and 42%.. We studied 66,761 incident Medicare hemodialysis patients from 1996-1998 who survived 9 months, assessing the likelihood of cardiovascular ischemic events. Each patient survived Month 4-9 entry period characterizing age, gender, race, comorbidity, severity of disease, and hematocrit level. Outcomes were hospitalization for ischemic heart disease, cerebrovascular disease, and peripheral vascular disease. Relative risks (with p-values) are shown below.

<	<	<	<	<
<	<	<	<	<
<	<	<	<	<

