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Title: Clinical predictors of improving Hematocrits in hemodialysis patients

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Abstract:

Previous studies have shown that parameters such as demographics, serum albumin, weight, glomerular filtration rate, urea reduction ratio (URR), treatment-specific parameters, and recombinant human erythropoietin (rHuEPO) and intravenous (IV) iron therapy, all may impact hematocrit (Hct) levels in patients on hemodialysis (HD). In order to evaluate the likelihood of improving from Hct <33% into the NKF DOQI range in patients undergoing maintenance HD, we studied such patients who survived between 1/1/1999 to 6/30/1999, excluding patients who received blood transfusions during these 6 months. Patient characteristics, prior time on ESRD, comorbidities, URR range, and doses of EPO and iron in the 1st 3-months were extracted as independent factors. Patients whose mean Hct levels were under 33% in the 1st 3-months were selected for this study (N=31,069). Using logistic regression, we created an indicator of 1 if the mean Hct was on or above 33% in the following 3-months, otherwise 0. The correlation of URR levels to the likelihood of achieving target Hct in the following 3 months are summarized in the Table below.

Older patients, males, whites, patients with primary cause of diabetes, and patients with longer history of ESRD, as well as patients in the higher range of URR, were more likely to achieve the target Hct levels in the next 3-months. Additionally, the use of IV iron at any level of EPO dose was associated with a greater likelihood of reaching the target Hct. These findings suggest an important role of maintaining adequate dialysis as a correctable factor to improve Hct in patients with persistently low levels of Hct.

URR	<60	60-<65	65-<70	70-<75	75 +
N	2,693	3,206	7,232	9,118	8,820
Odds Ratio (of achieving target Hct)	0.81	0.87	1.00	1.09	1.23
Lower Conf. Interval	0.74	0.80		1.02	1.16
Upper Conf. Interval	0.89	0.94		1.16	1.32

Disclosure:

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