

Does technique that removes additional toxins benefit dialysis patients?

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A technique that removes additional toxins during dialysis does not improve kidney failure patients' survival or heart health, but intense treatments may provide a benefit, according to a study appearing in an upcoming issue of the *Journal of the American Society Nephrology* (JASN). The findings suggest that the potential of the technique, called hemodiafiltration, deserves more study.

Kidney failure patients on dialysis have a high risk of developing [heart problems](#) and dying from heart disease. Retention of certain toxins may play a role because during conventional hemodialysis, smaller substances are removed while larger toxins can accumulate in the body. A technique called hemodiafiltration, which allows for accelerated blood flow during dialysis, may help get rid of some of these toxins.

Peter Blankestijn, MD, PhD (University Medical Center Utrecht, in the Netherlands) and his colleagues looked to see if hemodiafiltration improves patients' survival and heart health compared with standard hemodialysis. Of 714 [dialysis patients](#) in the study, 358 received hemodiafiltration and 356 continued hemodialysis. "This is the largest [randomized clinical trial](#) comparing standard hemodialysis versus hemodiafiltration on meaningful clinical endpoints," said Dr. Blankestijn.

After following patients for an average of three years, the researchers found no difference between the two groups in terms of patient survival or rates of non-fatal heart problems; however, not all patients in the

hemodiafiltration group received the proper dose of treatment. Patients who received the highest dose of hemodiafiltration were indeed less likely to die than those receiving hemodialysis. Additional studies are needed to confirm these findings.

More information: The article, entitled "Effect of Online Hemodiafiltration on All-Cause Mortality and Cardiovascular Outcomes," will appear online on April 26, 2012, [doi: 10.1681/ASN.2011121140](https://doi.org/10.1681/ASN.2011121140)

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