

New analysis questions use of acute hemodialysis treatment

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A common approach to treating kidney failure by removing waste products from the blood did not improve survival chances for people who suddenly developed the condition, in an analysis led by experts at the University of Pittsburgh School of Medicine.

Their findings, published online in the journal *PLOS One*, suggest acute [hemodialysis](#), an aggressive method that is standardly used for people with sudden kidney failure, may not provide a definitive benefit to the patient.

"Our findings question the accepted notion that acute hemodialysis decreases mortality," said Amber Barnato, M.D., senior author of the study and associate professor of clinical and translational science at the Pitt School of Medicine. Dr. Barnato acknowledges that the study is far from conclusive because it lacks detailed clinical data. "It is impossible to draw conclusions based on an observational study, but I do wonder whether it is time to do a clinical trial on the timing and delivery of acute hemodialysis in the context of [acute renal failure](#) and critical illness."

Dr. Barnato and her team examined records for 2,131,248 patients admitted to Pennsylvania hospitals between October 2005 and December 2007. Some of the patients had varying degrees of [kidney failure](#) without end-stage renal disease; 6,657 of those patients had received acute hemodialysis. At one year, patients who received acute hemodialysis had nearly twice the risk of death as similarly ill patients who did not receive acute hemodialysis.

"The most striking finding is the increased mortality risk for patients who received acute hemodialysis, even after risk adjustment which limited the sample to the sickest patients," said lead author Sarah Ramer, M.D., now of Rutgers New Jersey Medical School, who performed much of the research while a Clinical Scientist Training Program medical student at Pitt. "We know that there is variation in how doctors decide if and when to dialyze a hospitalized patient. If patients given acute hemodialysis are not carefully chosen, some patients might end up not being helped by the treatment."

Provided by University of Pittsburgh Schools of the Health Sciences

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