Thiamine may reduce progression to renal replacement therapy

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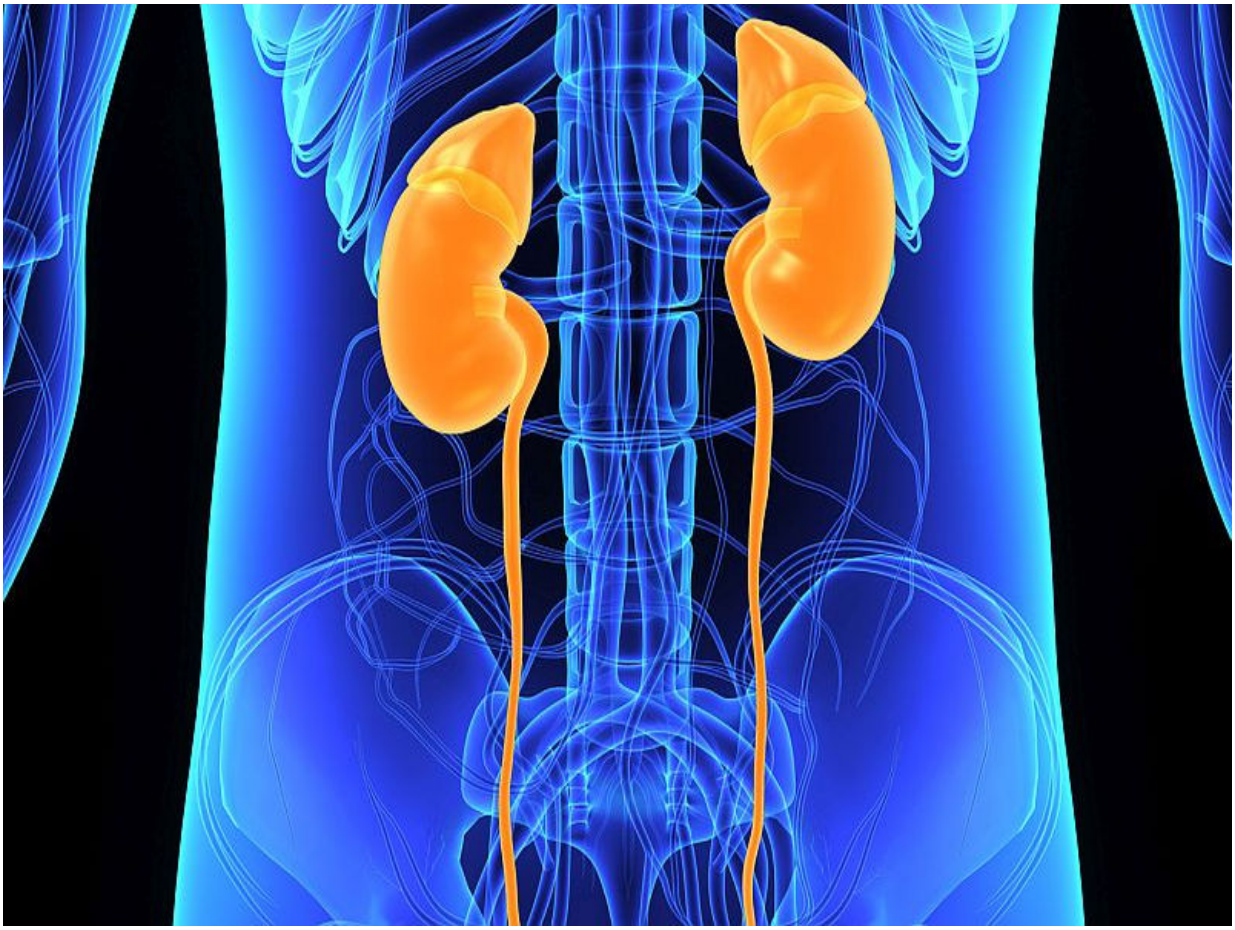

(HealthDay)—For patients in septic shock, thiamine is associated with a

lower rate of progression to renal replacement therapy (RRT), according to research published online Feb. 16 in the *Annals of the American Thoracic Society*.

Ari Moskowitz, M.D., from the Beth Israel Deaconess Medical Center in Boston, and colleagues conducted a secondary analysis of a randomized trial comparing thiamine with placebo in patients with septic shock. Data on renal function, need for RRT, timing of hemodialysis catheter placement, and timing of RRT initiation were abstracted for 70 patients, as well as baseline and worst creatinine values between three and 72 hours.

Baseline serum creatinine was 1.2 and 1.8 mg/dL in the thiamine and placebo groups, respectively (P = 0.3). The researchers found that significantly more patients in the placebo group were started on RRT compared with the thiamine group, after initiation of the study drug (21 versus 3 percent; P = 0.04). After adjustment for baseline creatinine level, the worst creatinine levels were significantly higher in the placebo group versus the thiamine group (P = 0.05).

"Septic shock patients randomized to receive thiamine had lower serum creatinine levels and a lower rate of progression to RRT than patients randomized to placebo," the author write. "These findings should be considered hypothesis generating and can be used as a foundation for further, prospective investigation in this area."

More information: Abstract
Full Text (subscription or payment may be required)

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