

P11.27 ANKLE-BRACHIAL BLOOD PRESSURE INDEX AND CARDIOVASCULAR RISK IN HEMODIALYZED PATIENTS

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Aim: The present cross-sectional study analyses relations between the ankle-brachial blood pressure index (ABI), a non-invasive measurement to assess peripheral arterial occlusive disease (PAOD) and various characteristics of hemodialyzed patients (HD).

Method: ABI was measured in 83 chronically HD in a University Hospital Dialysis Centre. Three levels of ABI have been defined: <0.9 ; $0.9-1.3$ and ≥ 1.3 . Blood pressures (BP) have been averaged on the last twelve dialysis sessions when measured ABI. Mean age was 64 ± 17 (18-92) years and mean dialysis vintage was 5.3 ± 6.4 years. Diabetes affected 23.5%, 82% have had a cardiovascular (cv) complication and 82% had hypertension (HT) (predialysis BP $> 150/85$ mmHg or antihypertensive medications).

Results: Forty-one% of HD patients had an ABI <0.9 , 49% were in the middle range ($0.9-1.3$) and 7% had an ABI > 1.3 . When compared the 3 groups of patients, dialysis vintage and variability of intradialytic systolic and diastolic BP differed significantly. The HD patients with ABI <0.9 were older (68.7 years) but had not longer dialysis vintage than the group with middle range ABI (4 vs 5 years, the longest dialysis vintage being characteristic of patients with an ABI > 1.3 (10.8 years). These patients with a decreased ABI value had a higher variability of intradialytic BP, a higher proportion of diabetes (29.5%), of aortic calcification (84%) and of cv complications (91%). No difference were observed between groups according to the rates of HT, phosphocalcic parameters or homocysteine levels.

Conclusions: The proportion of HD patients with ABI <0.9 was very high. ABI allowed to identify patients with a poor cv prognosis associated with many other well-known risk factors such as: high BP variability, high rates of HT, diabetes, past history of myocardial infarction or stroke and advanced vascular calcifications. ABI measurement could therefore easily contribute to identify HD patients with a very high cv risk requiring regular follow-up.

P11.28 REST AND DUAL BETA BLOCKERS ARE EFFECTIVE TOOLS FOR THE MANAGEMENT OF HYPERTENSIVE CRISES AT AN EMERGENCY ROOM

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Background: Hypertensive crises represent both a high cardiovascular (CV) risk and a very common cause of admission and expenditure of health resources. Moreover, an accurate blood pressure (BP) management with