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**FACTORS ASSOCIATED WITH INTRA-DIALYTIC HYPOTENSION (IDH)
IN PATIENTS WITH CHRONIC KIDNEY DISEASE STAGE 5D**

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Background: Intra-dialytic hypotension (IDH) is a prevalent and challenging complication encountered during hemodialysis (HD) in patients with chronic kidney disease (CKD) stage 5D. IDH adversely affects dialysis tolerance, patient quality of life, and overall survival. Identifying factors associated with the development of IDH is crucial for improving patient management and outcomes.

Objective: To investigate the factors associated with the occurrence of symptomatic intra-dialytic hypotension in patients with CKD stage 5D undergoing hemodialysis.

Methods: This study included 50 patients with CKD stage 5D who were evaluated during the initial phase of the study prior to HD sessions. Participants were categorized into two groups based on their blood pressure responses during dialysis: the IDH+ group, comprising patients who developed symptomatic intra-dialytic hypotension (n=17, 34%), and the IDH- group, including patients who either experienced an increase in arterial pressure (AD) of 20 mmHg or more or had no significant change in blood pressure (n=33, 66%). Blood pressure was monitored before and during HD, with measurements taken at baseline and at intervals throughout the procedure. The incidence of clinical symptoms such as chest pain, nausea, and headache was recorded. Statistical analysis was performed to compare hemodynamic changes between the two groups.

Results: Among the 50 patients studied, 17 (34%) developed IDH, 7 (14%) experienced hypertension, and 26 (52%) maintained stable or increased blood pressure during HD. The most significant drop in arterial pressure was observed at the onset of hemodialysis. Comparative analysis revealed that patients in the IDH+ group had significantly higher baseline systolic arterial pressure (SAP) compared to those in the IDH- group. During the first 30-60 minutes of HD, the IDH+ group exhibited a sharp decline in blood pressure by an average of 28.66%, whereas the IDH- group showed a minimal decrease of 2.89% ($p < 0.001$). Following this initial phase, blood pressure gradually rose in both groups; however, at the 60-minute mark, the IDH+ group's blood pressure remained, on average, 23.51% below baseline levels. Clinically, IDH was associated with symptoms including chest pain, nausea, and headache.

Conclusion: Elevated baseline systolic blood pressure is significantly associated with the development of intra-dialytic hypotension in patients with CKD stage 5D. A pronounced reduction in blood pressure during the early stages of hemodialysis is a critical factor contributing to IDH, accompanied by notable clinical symptoms. These findings underscore the importance of vigilant blood pressure monitoring and proactive management strategies during hemodialysis to mitigate the risk of IDH and enhance patient well-being.