Kardiyovasküler Sonuçlar ve Ev Hemodiyalizi

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ANA BAŞLIKLAR

KARDİYOVASKÜLER HASTALIKLARIN EPİDEMİYOLOJİSİ
SOL VENTRİKÜL HİPERTROFİSİNİN PATOFİZYOLOJİSİ
SOL VENTRİKÜL HİPERTROFİSİNİN KLİNİK MEDİYATÖRLERİ
HEMODİYALİZİN TETİKLEDİĞİ MİYOKARDİYAL SERSEMLEME (STUNNING)
SIK HEMODİYALİZİN KLİNİK FAYDALARI

Kronik Böbrek Hastalığı (KBH) olan hastalarda kardiyovasküler hastalıklar yaygındır ve KBH'lı hastalarda, normal nüfusa göre iki kattan daha fazla kardiyovasküler hastalık geliştiği bildirilmiştir.[1] Kalp ve damar hastalıklarının prevalansı, KBH'nın ilerlemesi ile artmaktadır ve ilerlemiş böbrek hastalığı olanlarda, özellikle de diyaliz ihtiyacı olan bireylerde, mortalitenin önde gelen ölüm nedenidir. Sol ventrikül hipertrofisi (SVH), volüm/basınç yüklenmesine verilen uygunsuz bir tepkidir ve kardiyomiyopatiye yol açar. SVH, son dönem böbrek hastalığında (SDBH) oldukça yaygındır ve %90'a varan oranlarda bildirilmiştir. Kalp-damar hastalıklarına bağlı mortalite ve morbiditeyi öngörmede önemli bir faktördür.[2] Anemi, kemik-mineral metabolizması, üremi/inflamasyon ve de en önemlisi olarak da hipertansiyon, SVH gelişiminde rol oynarlar.[3] Sonuç olarak, her ne kadar geçtiğimiz on yıl içinde, SDBH olan

nedenler ve kardiyovasküler mortalite ve hastaneye yatış riski, PD'ye başlayan hastalardakine benzer bulunmuştur.

Sık ve kısa HD ile ister merkezde KHD ister haftada 3 kez evde olsun, uzun hemodiyalizde mortaliteyi araştıran daha küçük çalışmalar vardır. Bu çalışmaların sonuçları çelişkili ve tartışmalıdır ki muhtemelen bunun nedeni bu çalışmaların istastatiksel gücünün az olması ve metodolojik sınırlamalara bağlıdır. Kayıt edilmesi gereken hasta sayısının çokluğu ve SDBH hastalarında yılda %20'ye yaklaşan yüksek morbidite ve mortalite göz önüne alındığında, mortalite odaklı randomize kontrollü bir çalışma yapmak mümkün görünmemektedir. Bu nedenle yukarıda tartışıldığı üzere, sol ventrikül hipertrofisi gibi ara sonuçları kullanan gözlemsel çalışmalar ve kısa dönemli klinik çalışmalar gelecekteki prospektif klinik çalışmalara yön verecektir.

Tablo 9-1: Daha sık/yoğun hemodiyaliz tedavisinin kardiyovasküler faydalarına ilişkin klinik çalışmaların özeti

	Gece EHD	EHD	Merkezde HD
Hipertansiyon /Kan basıncı kontrolü	<%5	<%7	Referans
Sistolik kan basıncı			
Sol ventrikül kütle indeksi	<%8	<%12	Referans
Miyokardiyal sersemleme oluşu	<%50	<%25	Referans
Bölgesel duvar harket bozukluğu	<%38	<%31	Referans

Gece EHD: Gece ev hemodiyalizi (haftada 6 kez), EHD: Ev HD (haftada 6 kez), Merkezde HD: (haftada 3 kez)
[Daha fazla bilgi için 7. Bölüme bakınız.]

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