



SRR BP audit 2008

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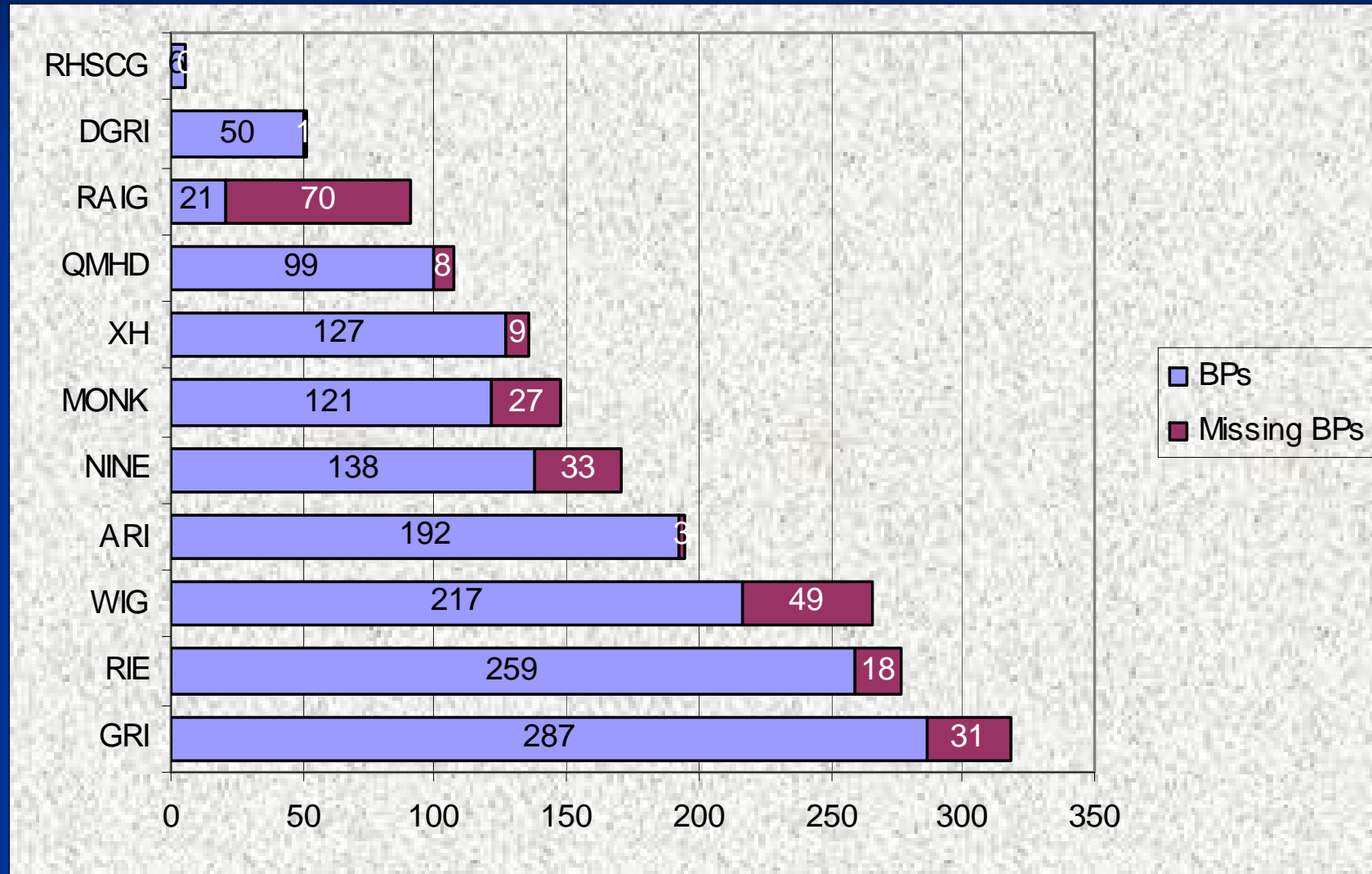


SRR BP audit

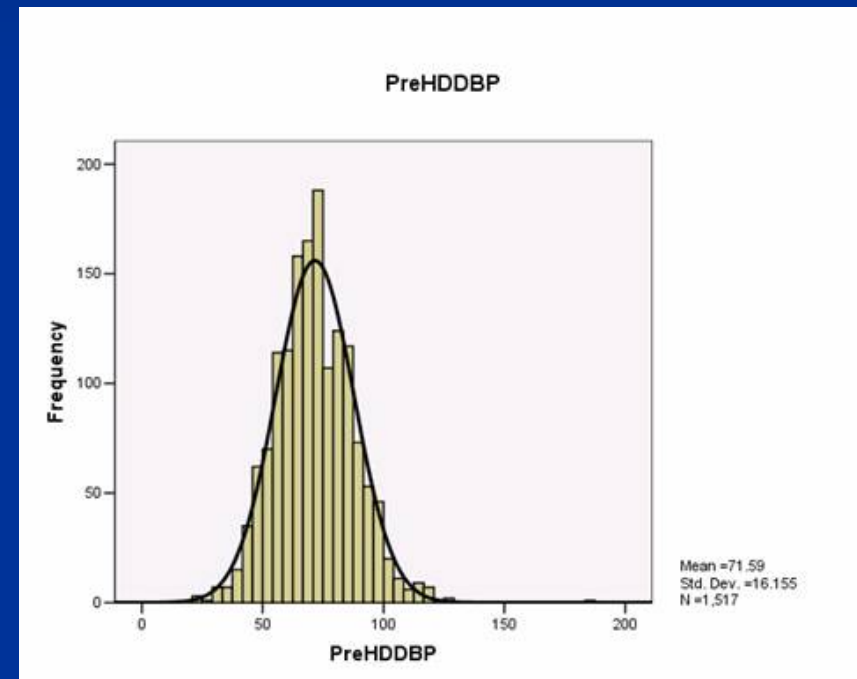
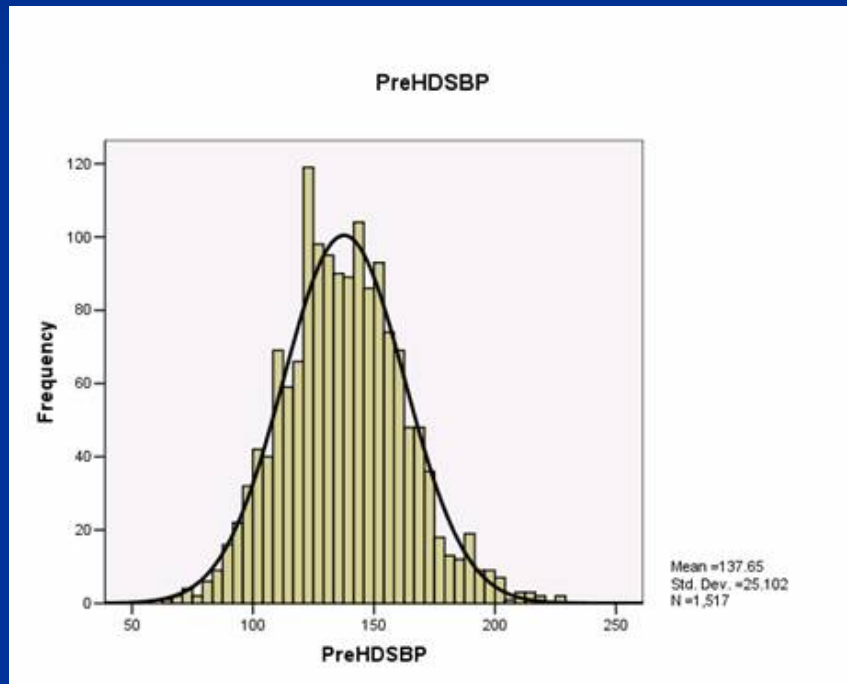
- Contributed to by all Scottish Renal Units
- Ideally data from all haemodialysis patients from a particular session
 - 1st Monday in May
- Pre-dialysis blood pressures
- Target is less than 140/90mmHg although the optimal target in this population is undefined
- No distinction made for those who were hypotensive



BP by unit

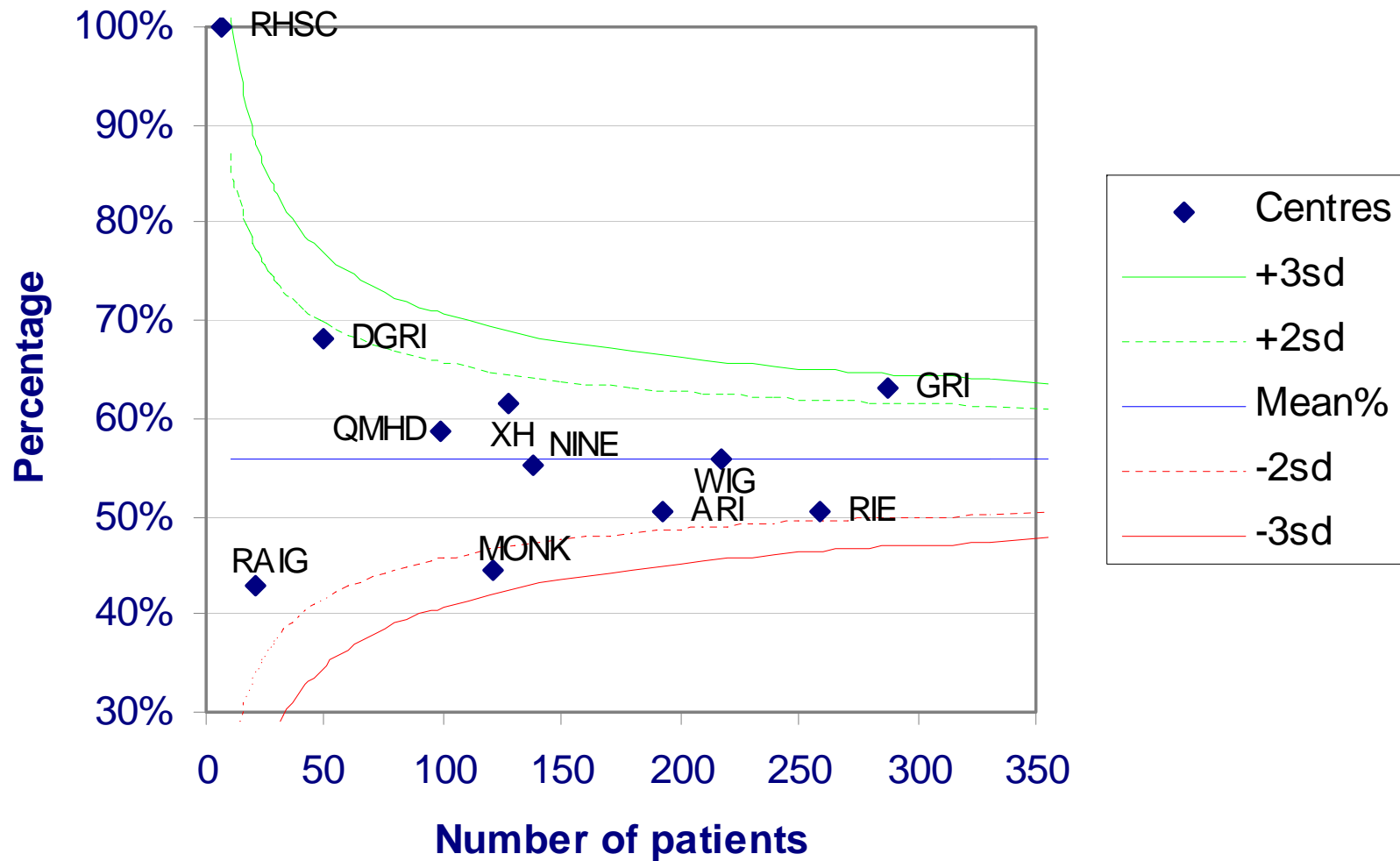


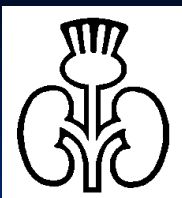
Pre dialysis systolic and diastolic BPs



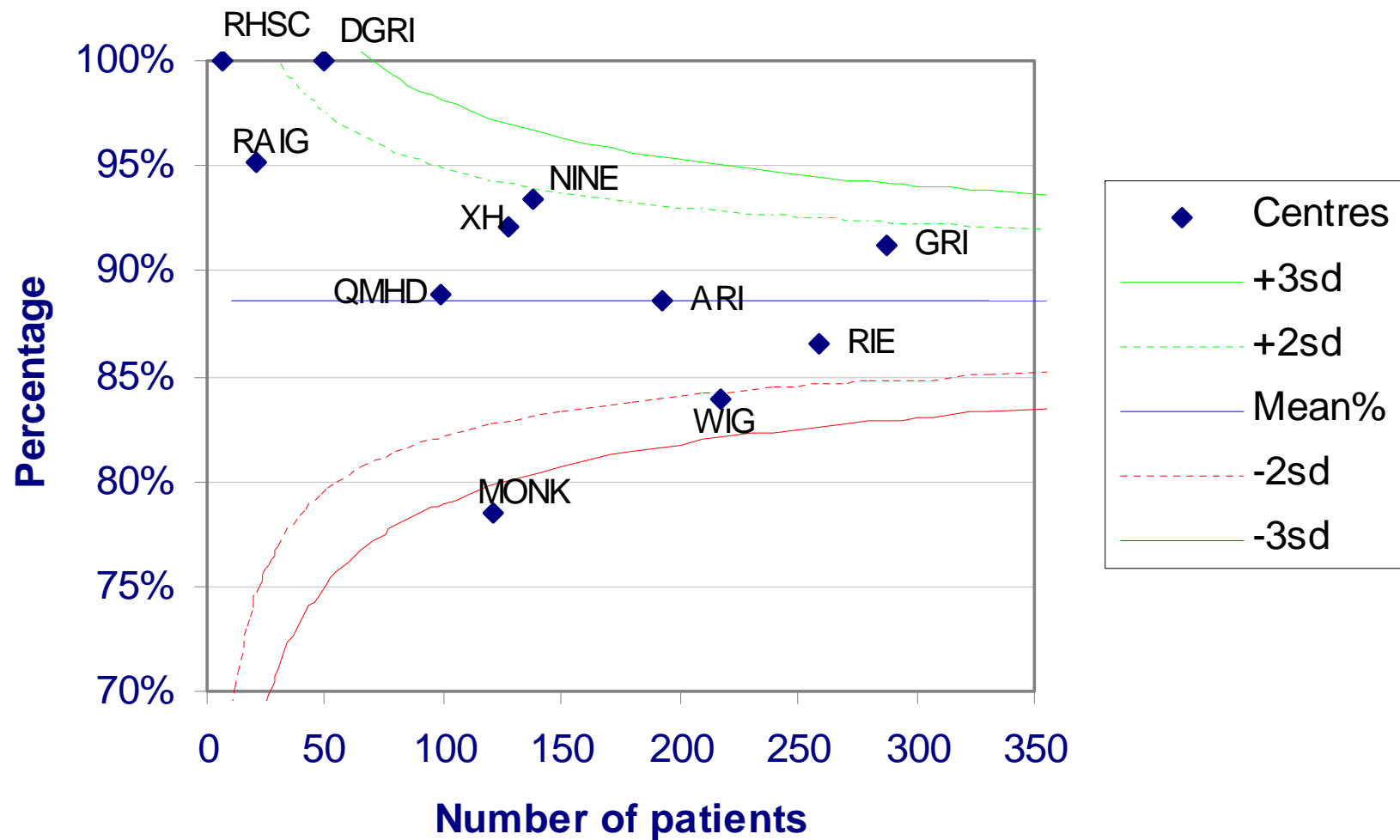


% systolic BP <140mmHg by unit



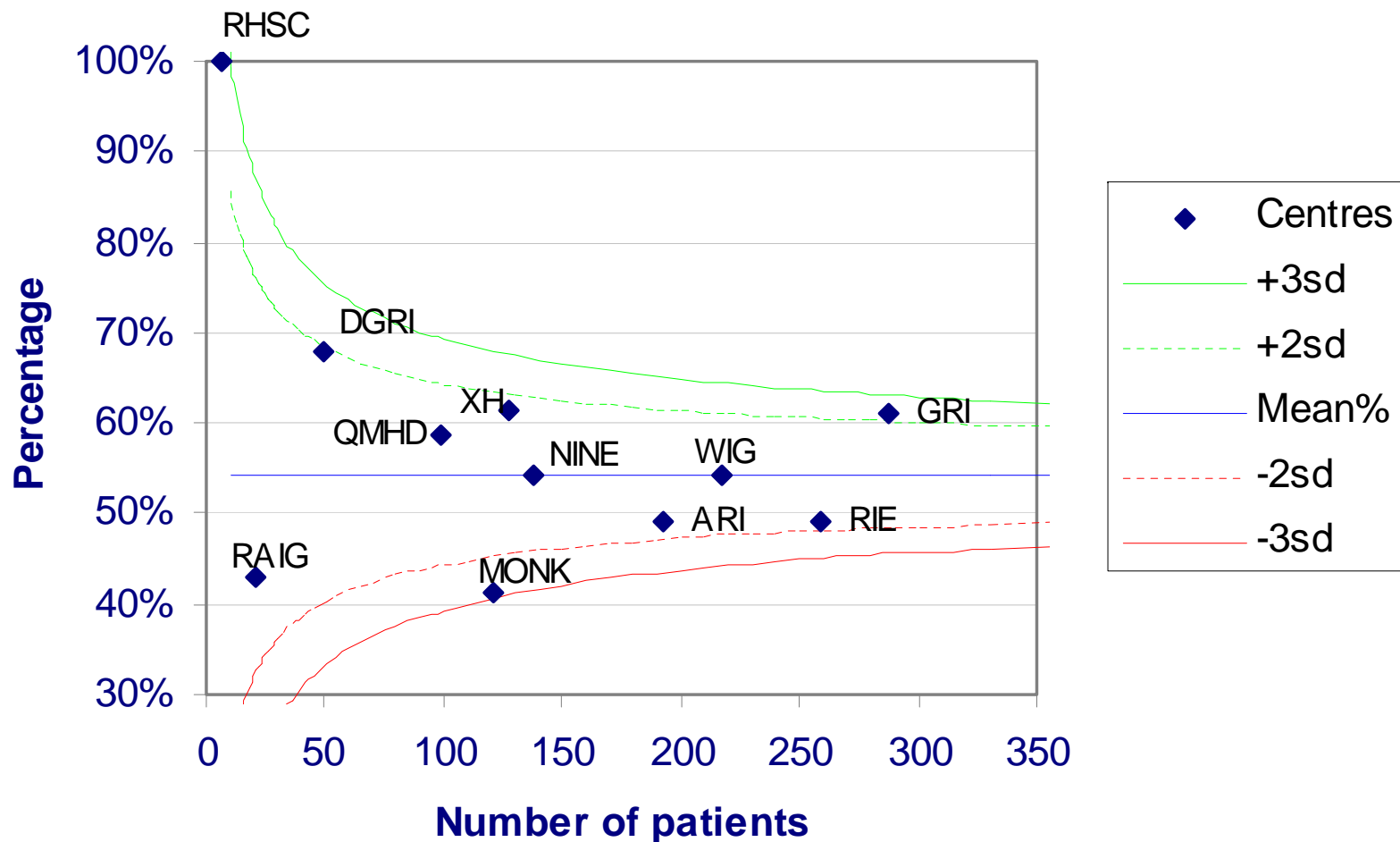


% diastolic BP <90mmHg by unit



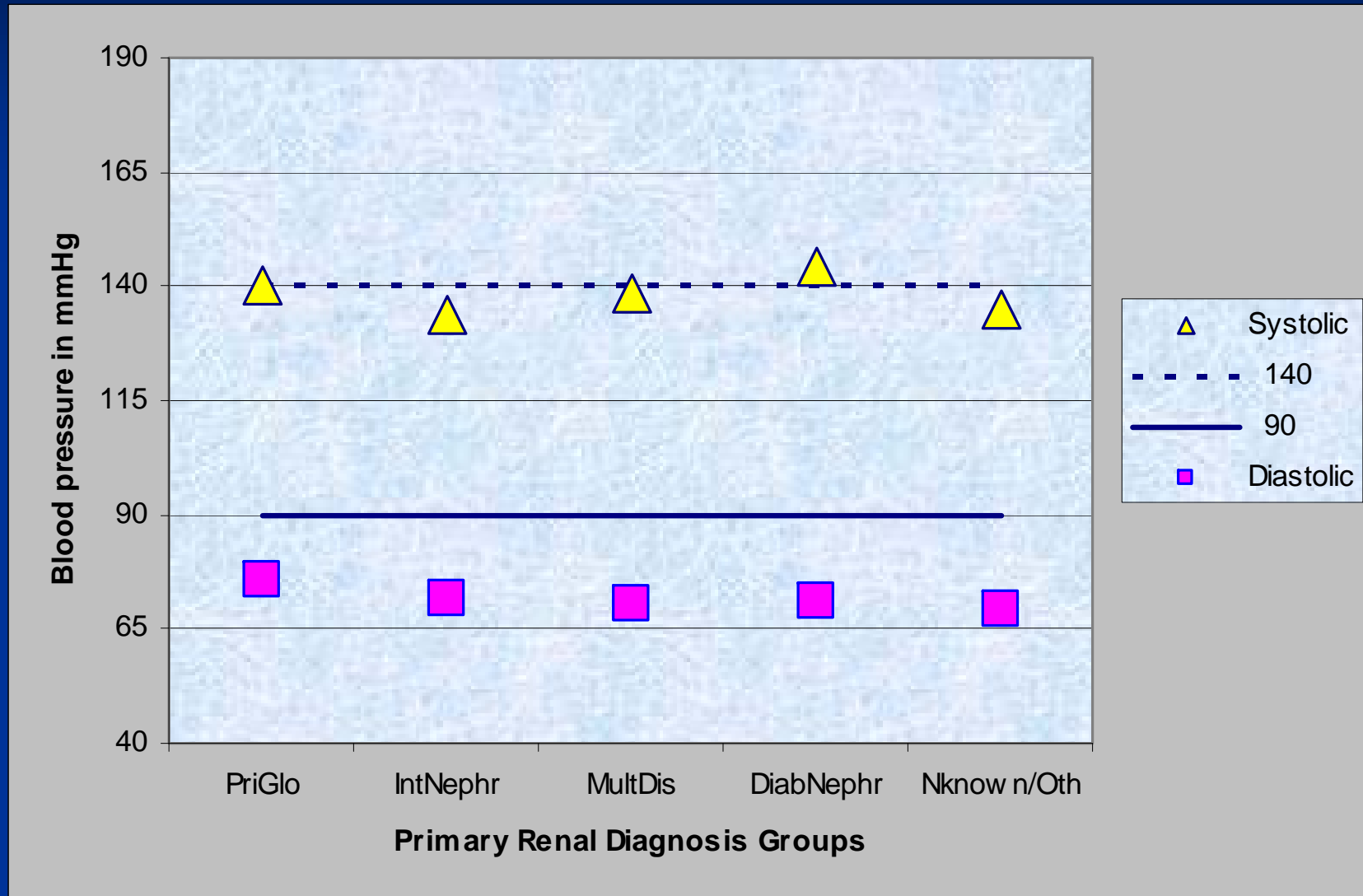


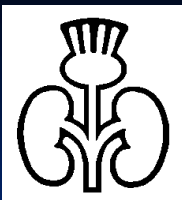
Percentage of patients meeting the target of 140/90mmHg by unit (2008)



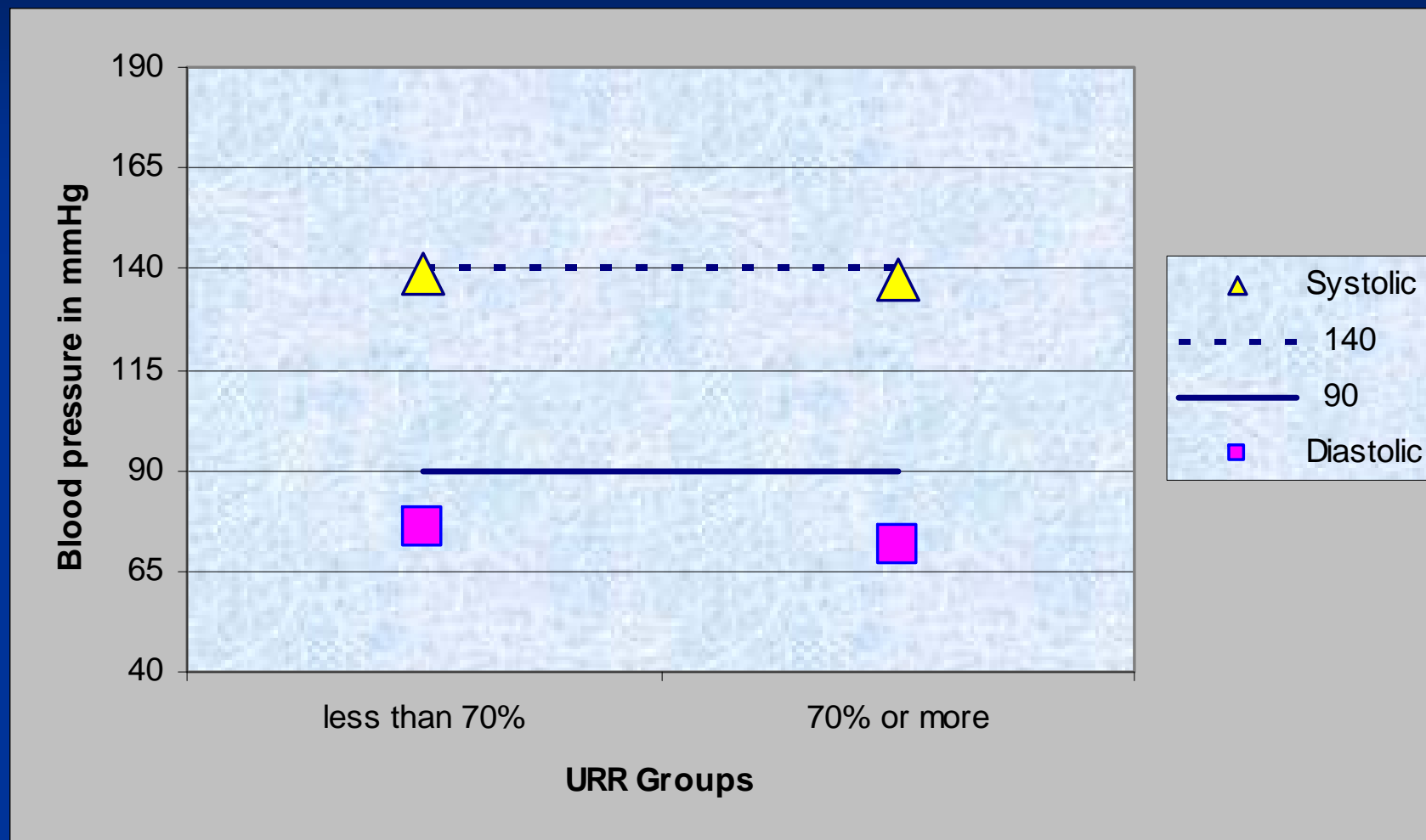


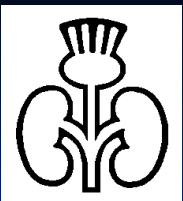
BP split by primary renal diagnosis



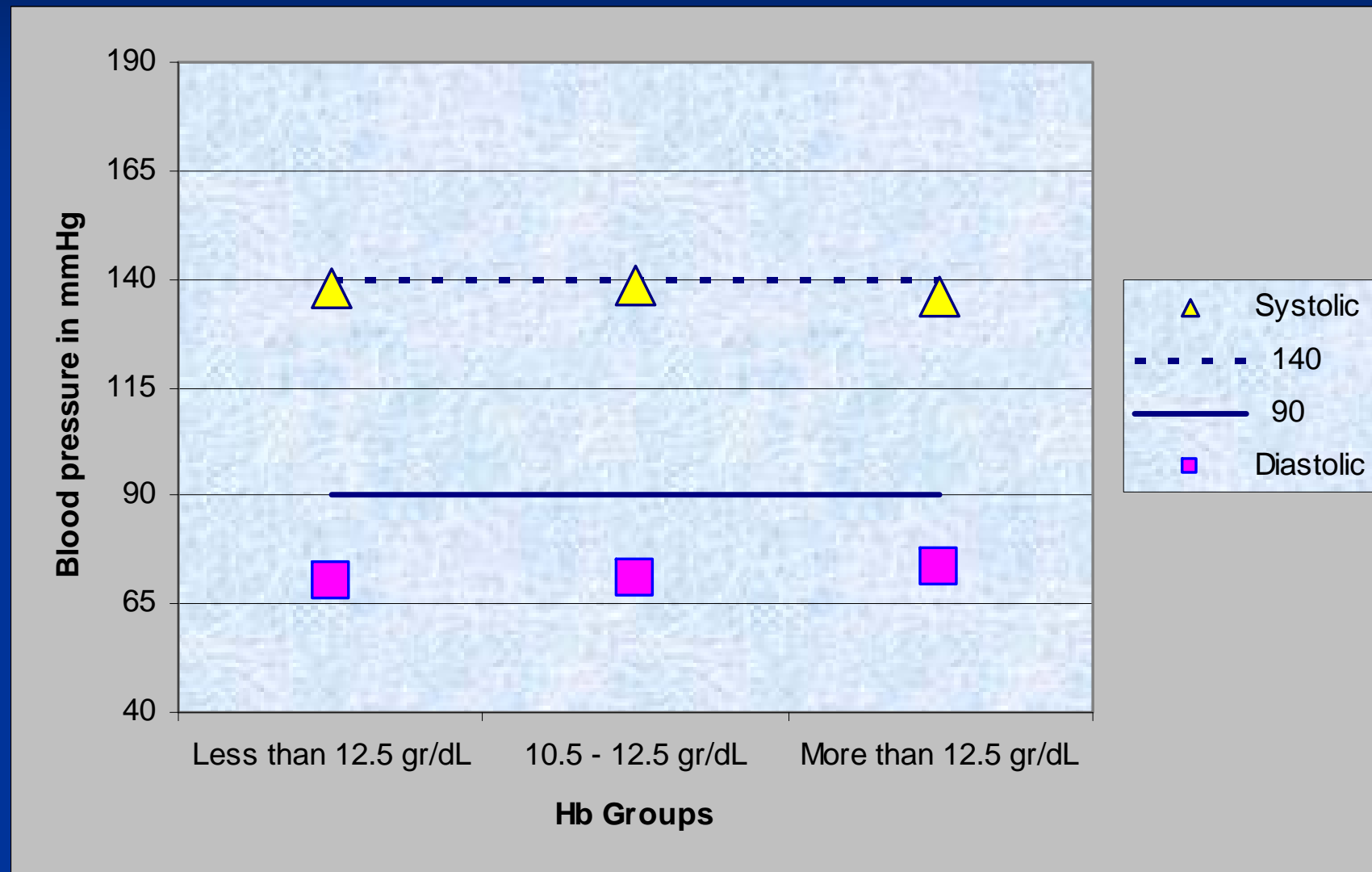


BP sorted by URR



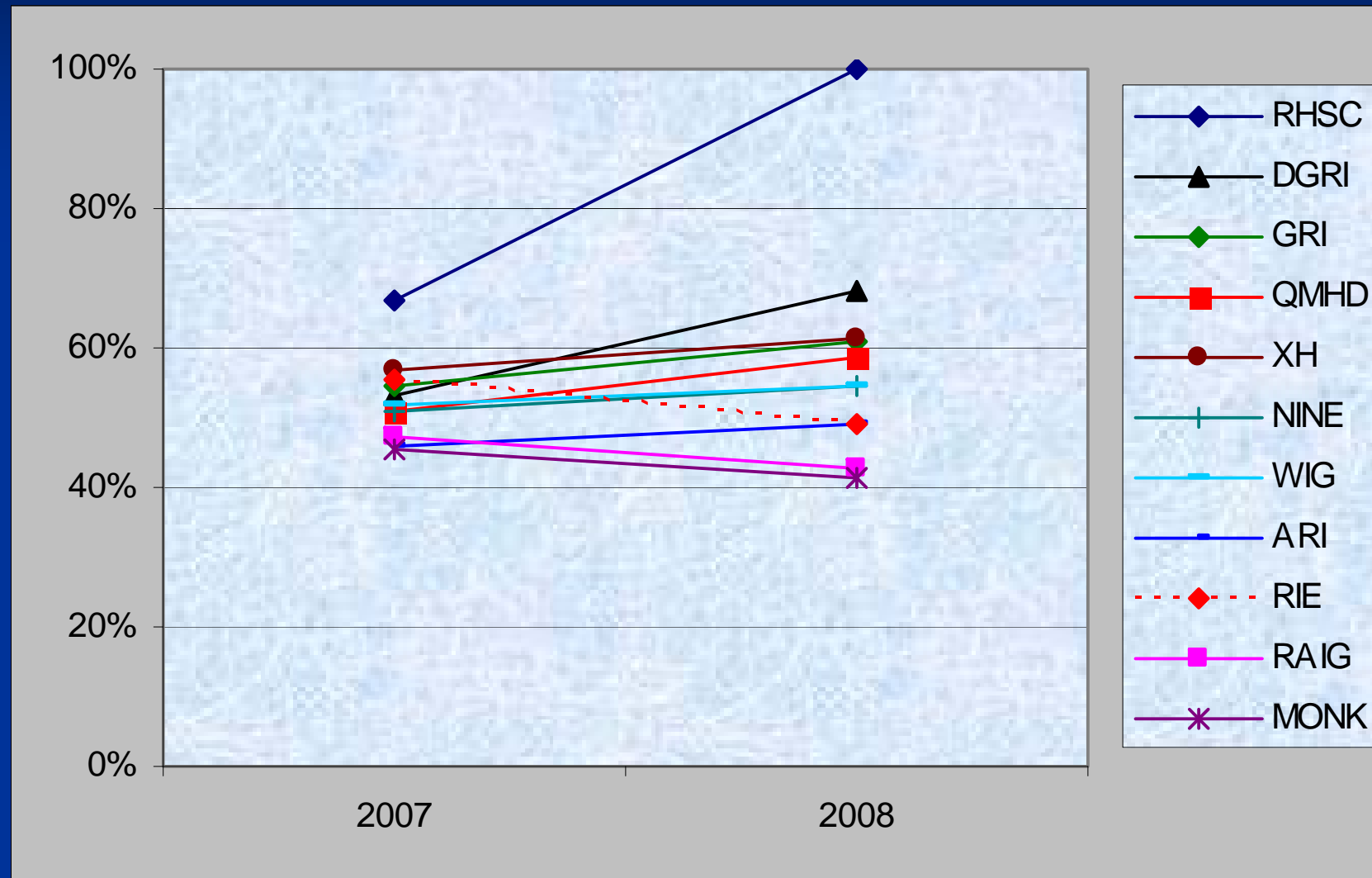


BP by haemoglobin



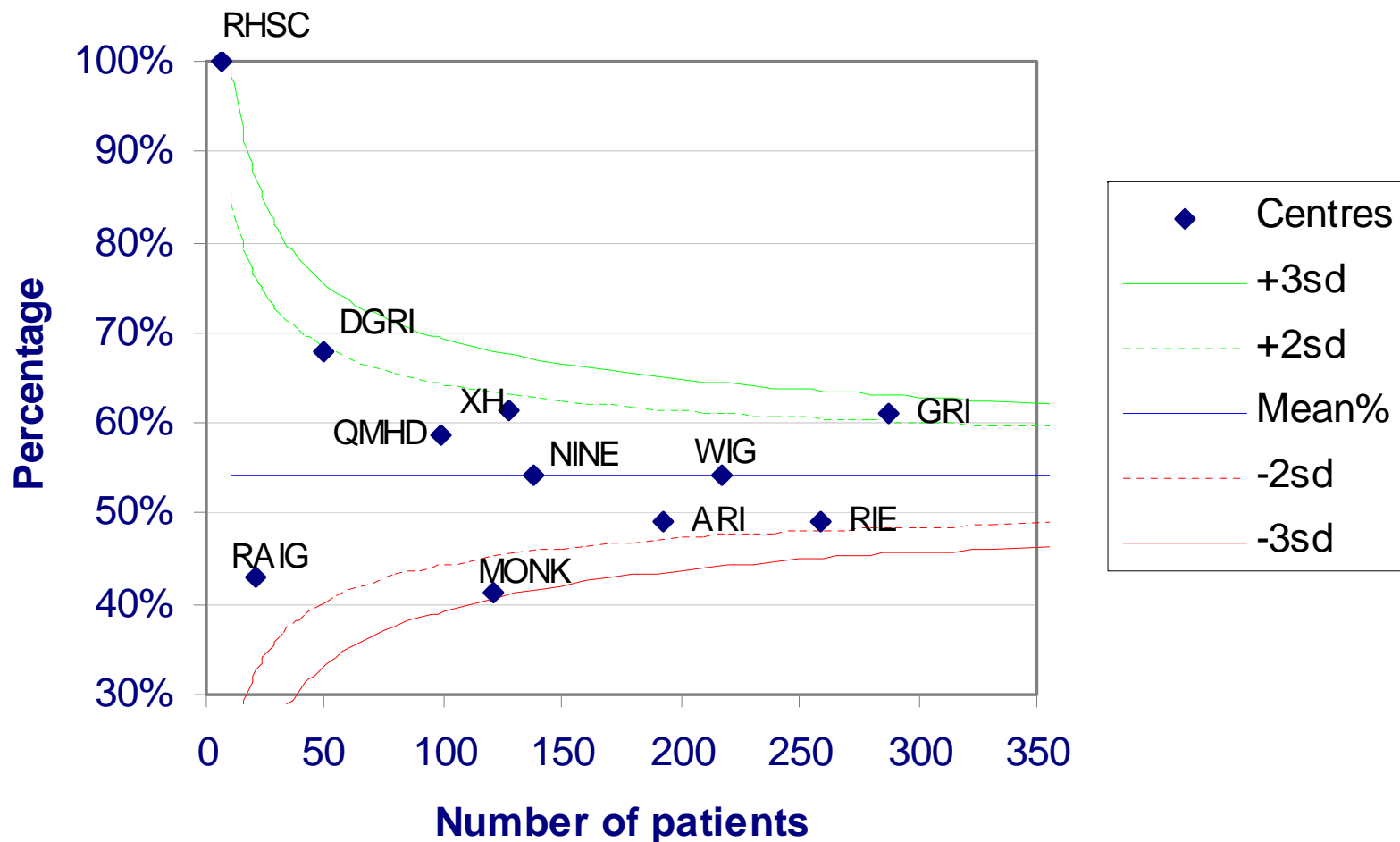


2008 data compared with 2007





Percentage of patients meeting the target of 140/90mmHg by unit (2008)





England, Wales and Northern Ireland data (2007)

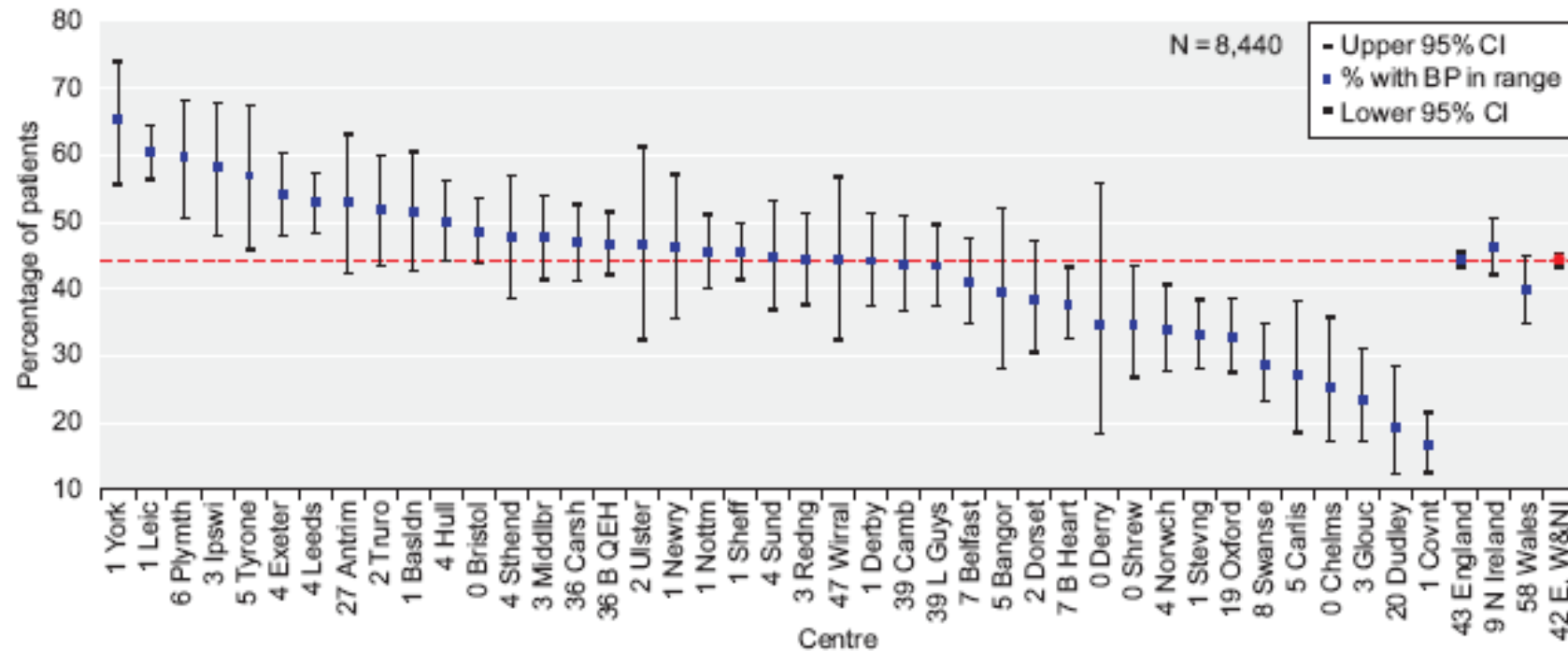


Figure 10.2: Percentage of patients with BP <140/90 mmHg: pre-HD



Limitations

- Not a complete dataset
- No record of antihypertensives/ other medications
- No accounting for intradialytic weight gains/ post dialysis BPs
- Does time of day/ dialysis shift make any difference?



Why bother?

- Timely publication of a meta-analysis in The Lancet, February 2009 (Heerspink et al)
- 8 RCTs, 1679 patients, 495 cardiovascular events
- Weighted mean SBP 4.5mmHg lower and DBP 2.3mmHg lower
- BP lowering treatment was associated with lower risks of cardiovascular events, all cause mortality and cardiovascular mortality
- Consistent results within the studies



Questions?