

Management of Diabetics on Hemodialysis

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Abstract : Introduction: Diabetes is currently the leading cause of end-stage chronic kidney disease and dialysis, so it adds additional complexity to the management of chronic hemodialysis patients. These patients are extremely fragile because of their multiple cardiovascular and metabolic comorbidities. Clear and complete description of the experience: the management of a diabetic on hemodialysis is particularly difficult due to frequent hypoglycaemia and significant inter and perodialyticglycemic variability that is difficult to predict. The aim of our study is to describe the clinical-biological profile and to assess the cardiovascular risk of diabetics undergoing chronic hemodialysis, and compare them with non-diabetic hemodialysis patients. Methods: This cross-sectional, descriptive, and analytical study was carried out between January 01 and December 31, 2018, involving 309 hemodialysis patients spread over 4 centers. The data were collected prospectively then compiled and analyzed by the SPSS Version 10 software. The FRAMINGHAM RISK SCORE has been used to assess cardiovascular risk in all hemodialysis patients. Results: The survey involved 309 hemodialysis patients, including 83 diabetics, for a prevalence of 27%. The average age 53 ± 10.2 years. The sex ratio is 1.5. 50% of diabetic hemodialysis patients retained residual diuresis against 32% in non-diabetics. In the group of diabetics, we noted more hypertension (70% versus 38% non-diabetics $P 0.004$), more intradialytic hypoglycemia (15% versus 3% non-diabetics $P 0.007$), initially, vascular exhaustion was found in 4 diabetics versus 2 non-diabetics. 70% of diabetics with anuria had postdialytic hyperglycemia. The study found a statistically significant difference between the different levels of cardiovascular risk according to the diabetic status. Conclusion: There are many challenges in the management of diabetics on hemodialysis, both to optimize glycemic control according to an individualized target and to coordinate comprehensive and effective care.

Keywords : hemodialysis, diabetes, chronic renal failure, glycemic control

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