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Letter to the Editor

Intradialytic Hypotension: An Often Neglected and Common Hemodialysis Complication Affecting Quality of Life in Patients

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Dear Editor-in-Chief

Quality of Life (QOL), is an assessment method employed in clinical practice and decision-making to evaluate a patient's health condition. This comprehension is conventionally considered vital for improving symptom relief, and patient rehabilitation, potentially leading to adjustments and enhancements in their treatment and care approaches (1).

Hemodialysis is a procedure that demands a significant amount of time, financial resources, and necessitates adherence to fluid and dietary restrictions. Prolonged therapy often results in loss of freedom, disruption of marital, familial, and social life, reliance on caregivers, and a decrease of income. Due to these reasons, in conjunction with the patient's functional status and personal and social relationships, negatively impact the socioeconomic, physical, psychological, and environmental dimensions of their life, ultimately compromising their quality of life. Therefore, timely and effective monitoring of hemodialysis patients can help to enhance clinical management strategies, a better understanding of their condition, and ultimately improve their health (2).

Hypotension is the most frequently reported complication associated with hemodialysis. Intradialytic hypotension, a common occurrence during hemodialysis, results in discomfort for the patient and diminishes the efficacy of the treatment. This complication has a significant impact on the treatment process and is closely related to a variety of adverse outcomes, such as cerebral ischemia, arteriovenous fistula, residual renal function impairment, thrombosis, and cardiac dysfunction (3).

It is important to note that the prevention and management of (IDH) can aid in enhancing the quality of life of patients undergoing hemodialysis. Symptoms and discomfort of kidney disease, such as dizziness, muscle spasm, fatigue, and arrhythmia, diminished physical functioning and mobility, heightened anxiety and depression, reduced capacity to work and perform daily activities, decreased social functioning and participation in leisure activities, and increased healthcare utilization and costs are some of the manners in which IDH can impact the quality of life of a patient (4).

Increasing the duration of treatment, restricting dialysate and dietary sodium consumption, administering isotonic saline as necessary to restore intravascular volume and prevent further hypo-

tension, lowering the temperature of the dialysate below the core body temperature, reevaluating the patient's dry weight, utilizing blood volume monitoring-guided ultrafiltration biofeedback, customizing dialysate sodium prescription, and employing intermittent back-filtrate infusion hemodiafiltration are potential interventions that may decrease the incidence of intradialytic hypotension (5).

Furthermore, it is imperative to provide patients with education regarding the reduction of sodium and fluid intake, as well as to encourage adherence to their prescribed dialysis regimen. The utilization of hypertonic saline and sodium modeling should be approached with caution, as it may result in a positive sodium balance, leading to long-term volume overload. It is crucial to individualize treatments based on the risk profile, age, and life expectancy of the patients (6).

In conclusion, despite numerous advances in hemodialysis management, intradialytic hypotension (IDH) remains a frequently overlooked and prevalent complication that significantly reduces the quality of life in the patients. Furthermore, it is associated with an increased symptom burden and access failure, cardiovascular diseases, comorbidities, and mortality.

Overall, the quality of life holds significant importance in the care of hemodialysis patients. It is essential to ascertain the risk factors such as IDH to reduce the likelihood of complications and mortality.

Conflict of Interest

The authors declare that there is no conflict of interests

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