



1725 I Street NW • Suite 510 • Washington, DC 20006  
Tel 202-659-0599 • Fax 202-659-0709 • [www.asn-online.org](http://www.asn-online.org)

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**Contact:** Shari Leventhal: 202-416-0658, [sleventhal@asn-online.org](mailto:sleventhal@asn-online.org)

## **DIALYSIS SAFE FOR KIDNEY PATIENTS' HEART HEALTH**

*Treatment OK for Patients Who Have Had a Heart Attack*

**Washington, DC (Monday, July 6, 2009)** — Dialysis treatments do not affect the heart health of kidney disease patients who have had a heart attack, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society Nephrology* (CJASN). Since cardiovascular disease is the most common cause of death in kidney disease patients, the findings are good news for individuals who need the treatments.

People with even mild forms of kidney disease have an elevated risk of heart attack. Those with end-stage renal disease (ESRD) are particularly vulnerable and often experience a heart attack while undergoing kidney disease treatments such as dialysis. Unfortunately, it is unclear how safe the dialysis procedure is for heart attack patients. Because dialysis may be harmful to the heart, physicians often delay dialysis in patients who have had a heart attack.

To investigate the issue, George Coritsidis, MD (Elmhurst/Queens Hospital Center/Mount Sinai School of Medicine), and his colleagues reviewed the medical charts of 131 ESRD patients who had a heart attack while they were on dialysis. They looked to see if the timing of dialysis had any effect on patients' heart health following their heart attack. About half of the patients received dialysis within the first 24 hours of their heart attack. A quarter received dialysis 24-48 hours after their heart attack, and a quarter received dialysis more than 48 hours after.

The researchers found no link between the timing of dialysis treatments and cardiac symptoms such as chest pains or emergency room admissions. A similar number of patients in each of the three groups experienced cardiac symptoms. However, the investigators identified several predictors that might indicate which dialysis patients have a particularly high risk of having a heart attack. These include the seriousness of the patient's condition, prior heart disease, high pre-dialysis potassium blood levels, and a large drop in potassium blood levels after dialysis.

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“In conclusion, our study does not indicate that timing of dialysis poses a risk. What may be of greater importance is the potassium status, its treatment, and the severity of the patients’ condition on admission,” the authors wrote. “Given that this is a retrospective as well as a small study, we cannot make any clear recommendations, however our findings suggest that rather than delay dialysis, concern should be placed on the degree and rate that potassium levels change,” they added.

The authors report no financial disclosures. Study co-authors include Dharmeshkumar Sutariya, MD, Aaron Stern, MD, Garima Gupta, MD (Elmhurst/Queens Hospital Center/Mount Sinai School of Medicine); Christos Carvounis, MD (Kyanos Stavros Medical Center, Greece); and Robin Arora, MD, Anjali Acharya, MD, and Serge Balmir, MD (Jacobi Medical Center/Albert Einstein College of Medicine).

The article, entitled “Does Timing of Dialysis in Patients with ESRD and Acute Myocardial Infarcts Affect Morbidity or Mortality?” will appear online at <http://cjasn.asnjournals.org/> on July 9, 2009, doi 10.2215/CJN.04470908.

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