Objective: Intradialysis hypertension (IDH) is a frustrating complication among hemodialysis (HD) patients, and the causes are complex. Volume excess is thought to be important in the pathogenesis of hypertension among HD patients. The purpose of this study was to investigate whether additional volume reduction will result in improvement in IDH, and to evaluate the hemodynamic tolerance of the IDH patients.

Methods: A prospective, open-label, single center study of 22 patients with chronic intermittent hemodialysis at the Tongji Hospital, Shanghai, China. Eleven patients with pre-dialytic hypertension entered in Group A, and other 11 patients with normal pre-dialytic blood pressure were in Group B. The mean weights of the first treatment B. In both groups we give the patients dry-weight reduction. Blood pressure and other 11 patients with normal pre-dialytic hypertension were in Group A. Patients used autogenous arteriovenous fistula more than one year in group experienced AVF dysfunction (97.36% vs. 93.02%).

Results: Using SPSS 17.0 statistical software for analysis. Multiple logistic regression analysis showed that diabetes mellitus, blood sugar level, hemoglobin, hypoproteinemia, deep vein indwelling catheter time and other factors compared to patients infected with the catheter and catheter infection pathogens statistics types, sensitivity analysis and treatment factors were analyzed. Provide a reference for further prevention and treatment of catheter infections.

Conclusion: The incidence of catheter-related infection can be reduced by improving nutrition status, controlling blood sugarsugar, correcting anemia and shortening the time for indwelling catheter in deep vein. Most of the bacterial infections are Gram-positive bacterial infections.

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Protective Effect of Atorvastatin Combined with Far-infrared Radiation on Arteriovenous Fistula Thrombosis
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Objective: To investigate the clinical effect of atorvastatin combined with far-infrared radiation on autogenous arteriovenous fistula in patients with chronic kidney disease undergoing maintenance hemodialysis.

Methods: Patients used autogenous arteriovenous fistula more than one year in Guizhou Provincial People's Hospital hemodialysis centers were randomly divided into combination therapy group and control group. Patients in combination therapy group treatment with atorvastatin combined with far-infrared radiation, control group, matched with age and sex, were not treated with atorvastatin. Blood flow changes and the incidence of fistula dysfunction were detected by Doppler ultrasound. Demographic characteristics, high-sensitivity C-reactive protein (hs-CRP), fibrinogen, D-dimer, hemoglobin, lipids, and hemodialysis adequacy (KT/V) were collected. After 1-year follow-up, the incidence of fistula thrombosis and blood flow changes were compared in two groups.

Results: Compared with the control group, after combination therapy for 1 year hemodialysis adequacy were significantly higher (P < 0.05) and hs-CRP, total cholesterol, LDL-C, D-dimer were decreased. Blood flow value in combination therapy group was higher than control group (P < 0.05). At the end of follow-up, one case in combination therapy group and 3 cases in control group experienced AVF dysfunction (97.36% vs. 93.02%).

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