



Risk of Hypoglycemia during Hemodialysis in Diabetic and Non Diabetic Patients of ESRD: An Observational Study

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: Patients with end-stage renal disease (ESRD) regardless of diabetes status are at increased risk of hypoglycemia due to dysregulation of the physiological processes maintaining normal glucose metabolism with a resultant array of adverse clinical outcomes endangering the life

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of patients.

Objective: The aim of this study is to measure the occurrence of hypoglycemia in patients of ESRD on hemodialysis with or without having diabetes at specified intervals.

Methods: This cross-sectional study will encompass 142 patients with ESRD on dialysis any age group with known ESRD, with or without having diabetes receiving dialysis for ≥ 3 months. It was done in dialysis wing, Department of Nephrology of MMCH. The study was occurred from February 2022 to July 2022. Sampling technique was purposive sampling.

Result: Most of the patients (40.8%) were from 46-60 years of age group. In case of gender, male was predominant that was 69.7%. Regarding to diabetes mellitus, majority (80.3%) patients were free from this disease. On the other hand, 62.7% of patients were patient of hypertension. 130 patients had taken dialysis twice per week whereas, only 12 patients had taken dialysis thrice in a week. Most of patients had cardiovascular disease (51.7%) whereas only 10.3% patients were affected to diabetic foot. Moreover, most of the patients were found (45.5%) in level 2 hypoglycemia.

Conclusion: Patients were more prone to have level 2 of hyperglycemia in both diabetic and non-diabetic patient. However, the diabetic patient had more chance of co-morbidities along with complications.

Keywords: ESRD; glucose metabolism; insulin sensitivity; kidney disease.

1. INTRODUCTION

Patients with end-stage renal disease (ESRD) regardless of having diabetes mellitus are at increased risk of hypoglycemia with a resultant array of adverse clinical outcomes. Hypoglycemia occurs not infrequently in patients with ESRD, especially during hemodialysis sessions and is particularly common in those with diabetes mellitus [1]. Dysregulation of the physiological processes maintaining normal glucose metabolism contribute to the development of hypoglycemia in ESRD [2]. Improved insulin sensitivity following the institution of renal replacement therapy (RRT), increased insulin clearance and diminished gluconeogenesis in the kidney and liver all result in the reduced rate of glucose appearance in the blood, which, in turn, increases dependence on the exogenous sources of carbohydrates [3]. Malnutrition, weight loss and a high incidence of infections may further reduce appearance of glucose from exogenous and endogenous sources, thereby contributing to the development of hypoglycemia in ESRD. This condition can be aggravated by hemodialysis of a bath that does not contain glucose and by the presence of acetate in the bath. Acetate inhibits the release of an insulin-counter regulatory hormone [4]. Symptomatic hypoglycemia (HG) during hemodialysis (HD) has been reported in chronic kidney disease (CKD) patients since more than a decade ago [5] and it is common in diabetic (DM) individuals when dialysis is performed with a glucose-free dialysis solution [6].

Severe hypoglycemia may result in some grave outcome like acute mental status changes, seizures, coma even death. One study suggested a link between hypoglycemia and increased risk of stroke in patients with renal failure [7]. Cardiac arrhythmias are another potential clinical manifestation of hypoglycemia [8]. ESRD patients can be more vulnerable to the neurological and cardiovascular effects of hypoglycemia due to the high prevalence of cardiovascular disease, dementia and administration of analgesics.

Type 2 diabetes mellitus (T2DM) is one of the leading causes of chronic kidney disease (CKD) and end-stage renal disease (ESRD) in developed and developing countries [9]. Annually, each patient with type 1 diabetes is at risk of experiencing 1–3 episodes and every other person with type 2 diabetes may have at least one episode of severe hypoglycemia [8]. It should be noted that current evidence suggests avoiding strict glycemic controlling ESRD patients [10].

The etiology of hypoglycemia in non-diabetic ESRD patient can be grouped in conditions associated with decreased or undetectable insulin level, and those within appropriately high insulin concentration. Malnutrition, alcohol abuse, organ failure, infections, drugs and/or adrenal insufficiency are among the frequently encountered clinical states in which hypoglycemia is most likely to be associated with hypo-insulinemia [11].

This study will help us to find the measure of occurrence of hypoglycemia during dialysis and the risk factors associated with it both in diabetic and non-diabetic subjects.

2. MATERIALS AND METHODS

This observational study will encompass 142 patients with ESRD on dialysis any age group with known ESRD, with or without having diabetes receiving dialysis for ≥ 3 months. It was done in dialysis wing, Department of Nephrology of MMCH. The study was occurred from February 2022 to July 2022. Sampling technique was purposive sampling. In this study, Patients will be selected after matching inclusion and exclusion criteria. Following this, the aim and objectives, study procedure and utility of the study will be explained to all of them. Then written informed consent will be taken from all patients. Demographic, family history, medical history, anthropometrics, type of renal disease, diabetes status and other related information of each subject will be recorded in a data sheet.

We performed frequency analysis as a descriptive analysis to observe the socio-demographic variables as well as clinical characteristics of the study.

All continuous data were presented as mean \pm standard deviation (SD). After the data was collected, data were compiled and edited accordingly. Finally, to fulfill the research objectives, different descriptive analyses were conducted using Statistical Package for Social Sciences version 25.

2.1 Inclusion Criteria

ESRD patients of any age groups (male and female) with or without having diabetes and underwent hemodialysis at least three months earlier.

2.2 Exclusion Criteria

- Patient with Adrenal insufficiency, hepatic disorder, asthma, malignancy.
- Patient with acute critical illness.
- Patient with severe malnutrition.
- Patients who had undergone renal transplantation before beginning dialysis.

Hypoglycemia: Blood glucose level < 3.9 mmol (70 mg/dl) (ADA 2022, Chapter 6). Classification of hypoglycemia [12].

List 1. Classification of hypoglycemia

Level 1 hypoglycemia	Glucose level < 3.9 mmol (70 mg/dl) and ≥ 3 mmol/L (54 mg/dl)
Level 2 hypoglycemia	Glucose level < 3 mmol (54 mg/dl)
Level 3 hypoglycemia	A severe event characterized by altered mental and/or physical status requiring assistance for treatment of hypoglycemia

3. RESULTS

Table 1 demonstrates, the sociodemographic characteristics of respondents. It is evident that, most of the patients (40.8%) were from 46-60 years of age group. In case of gender, male was predominant that was 69.7%.

Table 1. Sociodemographic characteristics of respondents (n=142)

Trait	Frequency (n)	Percentage (%)
Age group (years)		
15-30	20	14.08
31-45	45	31.7
46-60	58	40.8
≥ 61	19	13.4
Mean age	45.49 \pm 13.682	
Gender		
Male	99	69.7
Female	43	30.3

Table 2 shows the frequency (5) of comorbidities among respondents. Regarding to diabetes mellitus, majority (80.3%) patients were free from this disease. On the other hand, 62.7% of patients were patient of hypertension.

Table 2. Frequency (%) of comorbidities among respondents (n= 142)

Diabetes Mellitus		
Absent	114	80.3
Present	28	19.7
Hypertension		
Present	89	62.7
Absent	53	37.3

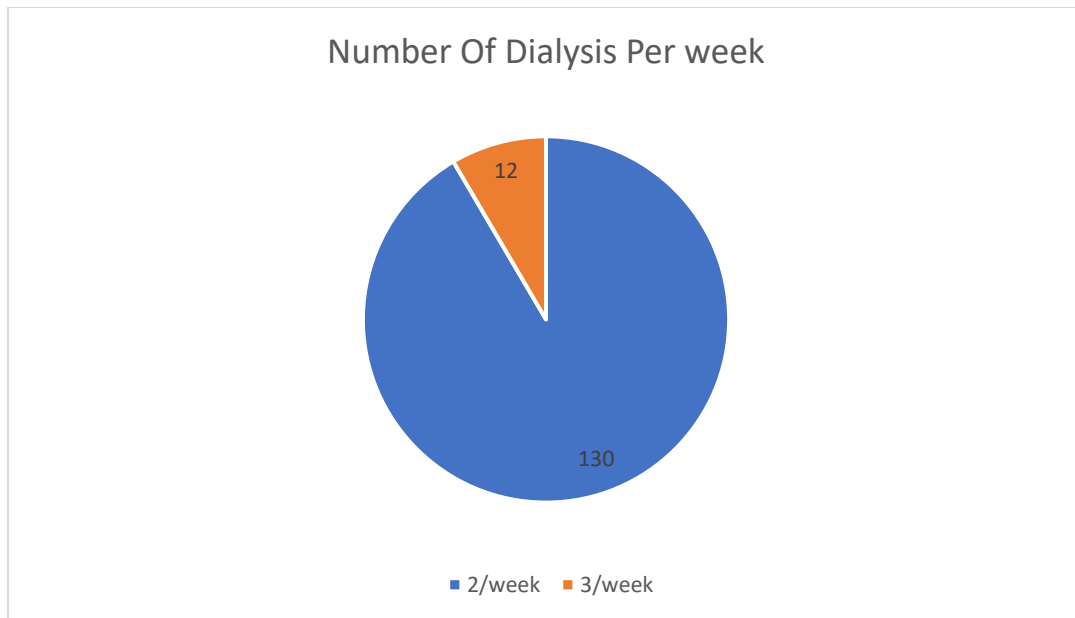


Fig. 1. Distribution of patients according to numbers of dialysis per week (n=142)

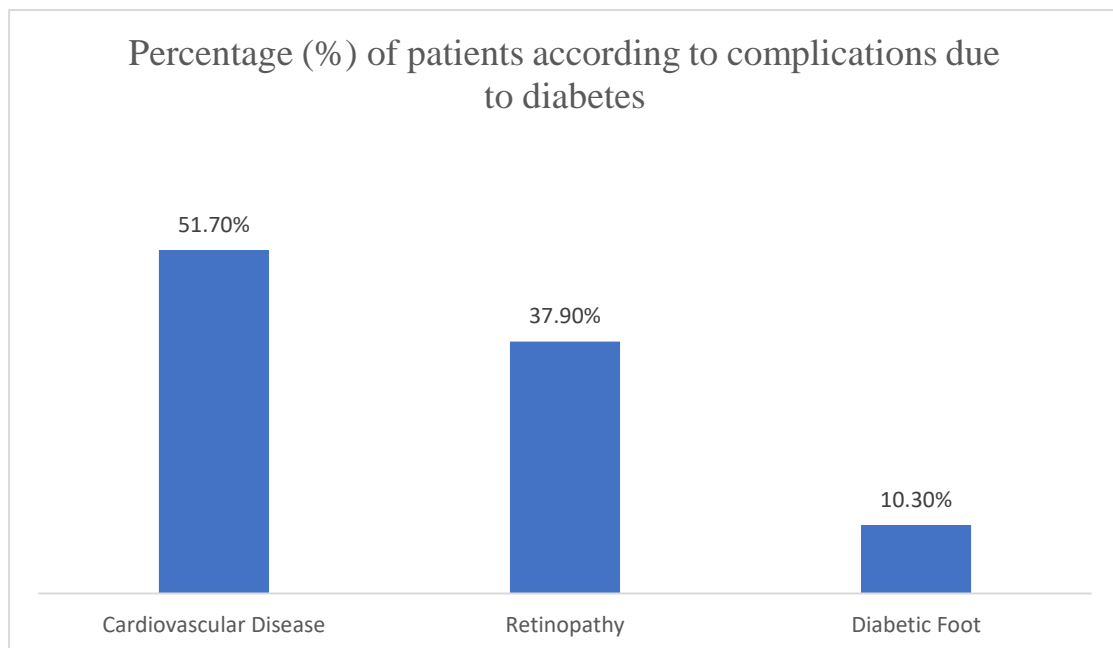


Fig. 2. Percentage (%) of the patients according to complications due to diabetes (n=29)

Table 3. Distribution of hypoglycemia among the respondents (n=22)

Level of hypoglycemia	Frequency (n)	Percentage (%)
Level 1	5	22.7
Level 2	10	45.5
Level 3 (Severe)	7	31.8

Fig. 1 illustrates, distribution of patients according to numbers of dialysis per week. It was found that, 130 patients had taken dialysis twice per week whereas, only 12 patients had taken dialysis thrice in a week.

Fig. 2 illustrates, the percentage (%) of patients according to complications due to diabetes. Most of patients had cardiovascular disease (51.7%) whereas only 10.3% patients were affected to diabetic foot.

Table 3 describes the distribution of hypoglycemia among respondents. It is evident that, most of the patients were found (45.5%) in level 2 hypoglycemia.

4. DISCUSSION

This cross-sectional study will encompass 142 patients with ESRD on dialysis any age group with known ESRD, with or without having diabetes receiving dialysis for ≥ 3 months. It was done in dialysis wing, Department of Nephrology of MMCH. The aim of this study is to measure the occurrence of hypoglycemia in patients of ESRD on hemodialysis with or without having diabetes at specified intervals.

In this study, the mean age of respondents was 45.49 ± 13.682 . In previous similar study, the mean age of population was 64.8 ± 5.4 [13].

In case of gender, male was predominant that was 69.7%. In previous study, men were more prone to do an arteriovenous fistula comparing to women (80% v/s 73%). However, there was no evidence of gender-specific differences in terms of dialysis adequacy [14].

Furthermore, according to this study, majority of the patients (51.7%) had cardiovascular disease. In a similar study, >60% of new dialysis patients complained of coronary atherosclerosis [15].

Moreover, according to the severity, out of 28 patient majority of them in this study (22.7% and 45.5%) were in level 1 (mild) and 2 (moderate) hypoglycemia. Similarly in previous study, almost half of the patients had (50.6%) one episode of

hypoglycemia as only 10.7% patients experienced severe hypoglycemia [16].

Overall, hypoglycemia along with diabetes has more mortality and morbidities. In addition, Diabetic kidney disease is associated with cardiovascular disease.

When Dialysis is performed in glucose free solution, there is a huge tendency of hypoglycemia during dialysis specially in a diabetic patient. Glucose added dialysate can be a solution of preventing hypoglycemia in dialysis [17].

5. CONCLUSION

Hypoglycemia can be also occurred in non-diabetic patients. There is a huge chance of having comorbidities along with complications in case of diabetic with patients. However, prospective studies with large size population are more suggested for clear conception.

CONSENT ANT ETHICAL APPROVAL

All the patients' confidentiality will be maintained at best. Their data will remain safely. All eligible respondents will only take part in the study once they have given written, informed consent. This protocol has to be cleared by BMRC and IRB for continuation of the trial.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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