

# Study into the control of blood pressure and antihypertensive medication withdrawal in haemodialysis patients by programmed reduction in dry weight

<b>Submission date</b> 30/09/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 30/09/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 07/04/2014	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

N0077114319

## Study information

## Scientific Title

### Study objectives

Whether or not blood pressure can be controlled safely and effectively with a protocol driven program of dry weight reduction.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Not Specified

### Health condition(s) or problem(s) studied

Cardiovascular: Hypertension

### Interventions

We propose to study 40 patients currently undergoing chronic haemodialysis in a randomised un-blinded prospective fashion.

The first group will have their dry weight adjusted according to need as assessed at every dialysis session by nursing staff, and at monthly consultant review.

The second group will undergo a protocol driven program of dry weight reduction and antihypertensive withdrawal using the dialysis methods outlined above.

The two groups will be assessed for the effectiveness of BP reduction, ultimate reduction in dry weight, inter-dialytic weight gains, adequacy of delivered dialysis, antihypertensive use and frequency and severity of hypotensive (symptomatic or otherwise) events.

### Intervention Type

Other

### Phase

Not Specified

### Primary outcome(s)

Primary end points:

1. The number of patients attaining pre-dialysis BP < 140/90 with partial or total withdrawal of antihypertensive medication.
2. Incidence of hypotensive episodes

### Key secondary outcome(s))

Secondary end points:

1. Correlation between satisfactory pre dialysis BP and 24 hour BP profile
2. Patient tolerability (symptoms)

**Completion date**

01/04/2006

## Eligibility

**Key inclusion criteria**

Chronic haemodialysis patients

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Not Specified

**Sex**

Not Specified

**Key exclusion criteria**

1. Clinical Evidence of fluid overload (peripheral or pulmonary oedema)
2. History of major cardiovascular event within the last year (myocardial infarction, CVA and major peripheral vascular disease episodes)
3. Patients having either acetate free biofiltration or haemodiafiltration
4. History of interdialytic weight gains of greater than 4 kg
5. Haemoglobin (Hb) less than 8 g/dl
6. Autonomic neuropathy

**Date of first enrolment**

01/04/2005

**Date of final enrolment**

01/04/2006

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Derby Hospitals NHS Foundation Trust**  
Derby  
United Kingdom  
DE22 3NE

## **Sponsor information**

**Organisation**  
Department of Health

## **Funder(s)**

**Funder type**  
Government

**Funder Name**  
Derby Hospitals NHS Foundation Trust (UK), NHS R&D Support Funding

## **Results and Publications**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**  
Not provided at time of registration