



Dialysis Outcomes and Practice Patterns Study

**Associations of Dialysate Bicarbonate with
Mortality: Results from the Dialysis
Outcomes and Practice Patterns Study**

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Background

- **Pre-dialysis metabolic alkalosis has been associated with elevated mortality risk in patients on maintenance hemodialysis (HD) [e.g. Bommer AJKD 2004]**
- **We hypothesized that use of high dialysate bicarbonate (DB), which could result in severe post-dialysis metabolic alkalosis, may adversely affect clinical outcomes**

Methods

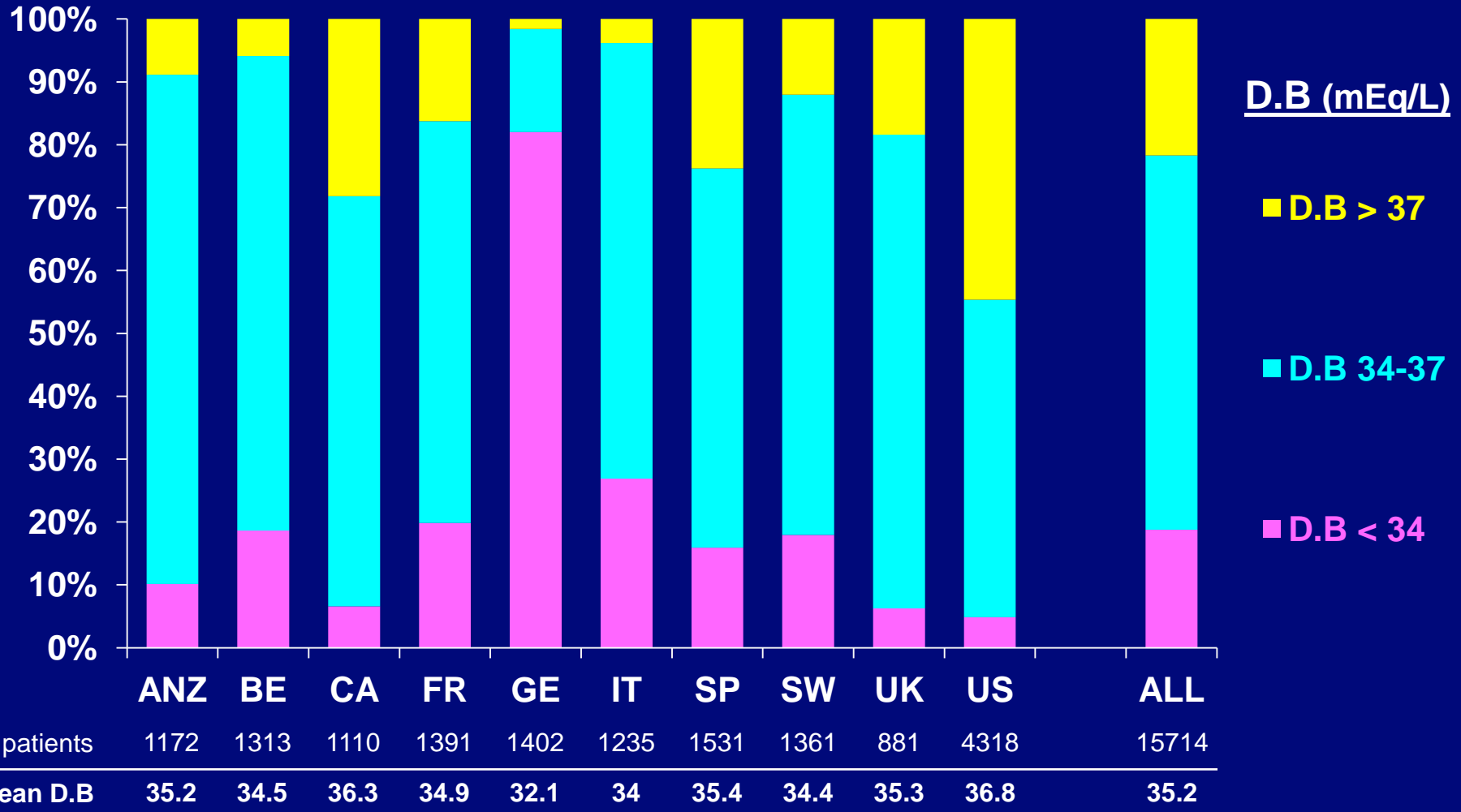
- **Study population:**
 - 16,899 patients on thrice-weekly in-center HD from 12 countries in DOPPS phase 2 (2002-2004) and phase 3 (2005-2008)
 - Exclusions: Patients in centers using non-bicarbonate dialysate (<1%)
- **Outcome: all-cause mortality**
- **Covariates:**
 - Age, sex, BMI, vintage, 13 comorbidities, albumin, hemoglobin, serum bicarbonate, SBP, residual kidney function, catheter use, and spKt/V
- **Model:**
 - Cox models stratified by country and study phase, and accounting for facility level clustering

Bicarbonate vs. Total Base Concentration

- ‘Bicarbonate’ dialysate often also contains acetate at 2-4 (up to 8) mEq/L
- Study coordinators were asked to provide the prescribed dialysate base/buffer concentration as sum of acetate and bicarbonate if combined
- In this presentation, concentration of ‘dialysis bicarbonate’ refers to total base concentration
- Some misclassification of total base concentration was possible (if acetate content was not appreciated)

Dialysate Bicarbonate by Country

% of patients

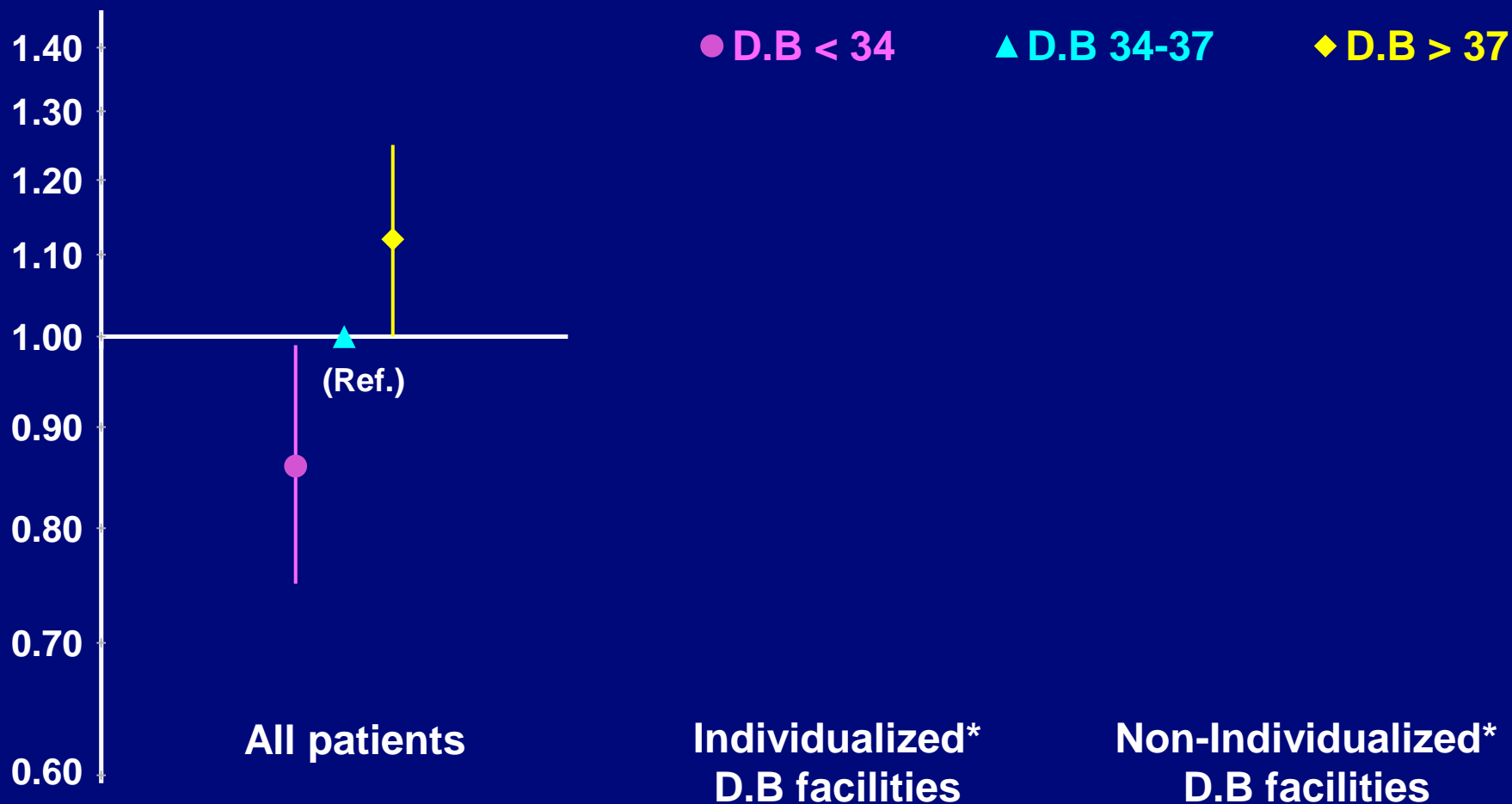


* % of facilities where $\geq 90\%$ of patients use a single D.B concentration

Source: DOPPS 2-3 data; Japan not shown due to possible misclassification issues

Mortality is Positively Associated with Dialysate Bicarbonate Concentration

Hazard Ratio (95% CI)



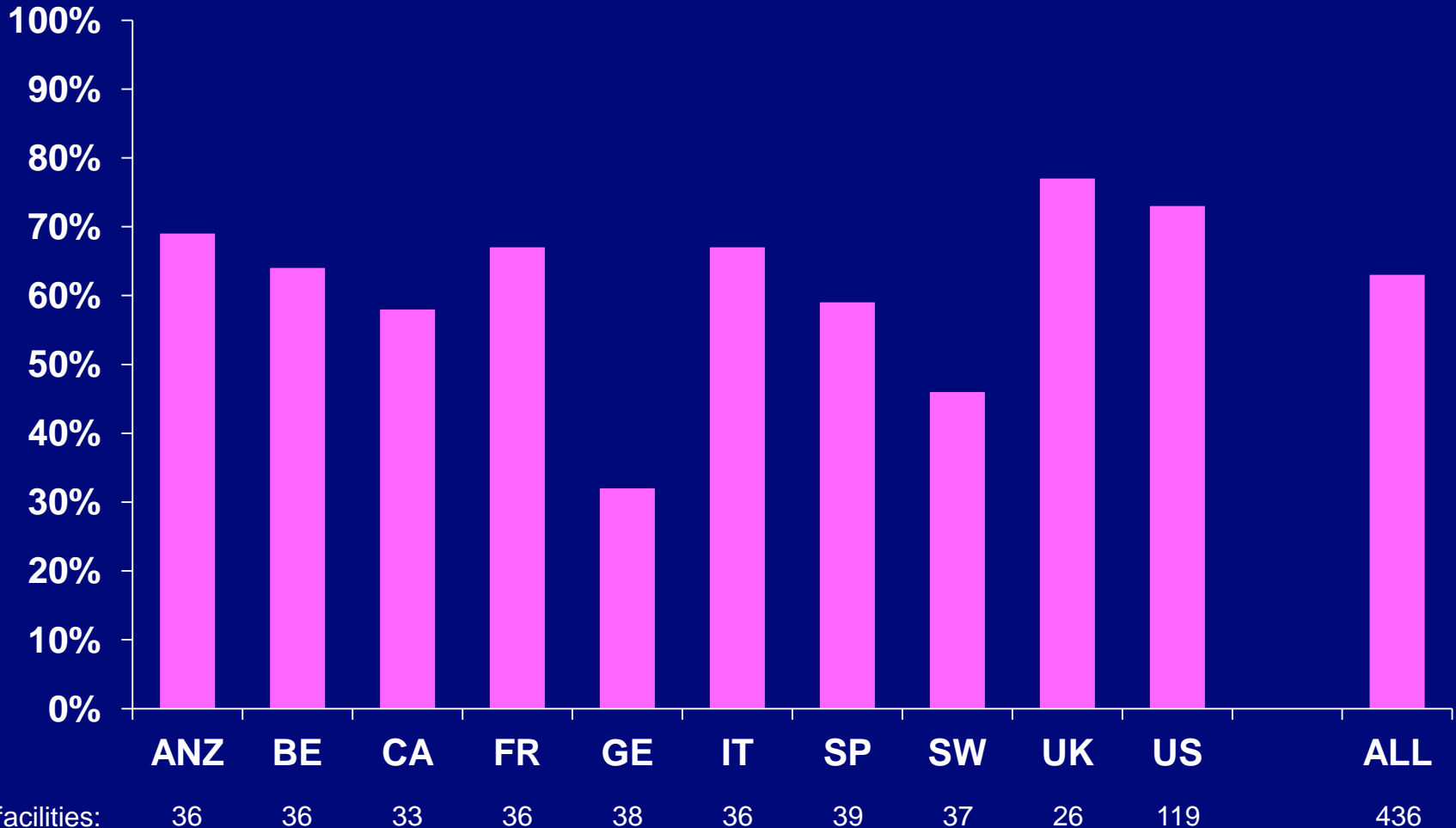
*Non-individualized defined as $\geq 90\%$ of patients in a facility prescribed the same D.B.; All other facilities defined as Individualized;
Source: DOPPS 2-3 data; Cox model stratified by phase and region, adjusted for age, sex, vintage, BMI, 13 comorbidities, albumin, hemoglobin, SBP, vascular access, residual kidney function, Kt/V, serum bicarbonate, and facility clustering.



Adapted from Tentori et al. ASN 2011 abstract

Many Facilities Use A Single Dialysate Bicarbonate Concentration

% of facilities that do not individualize D.B*

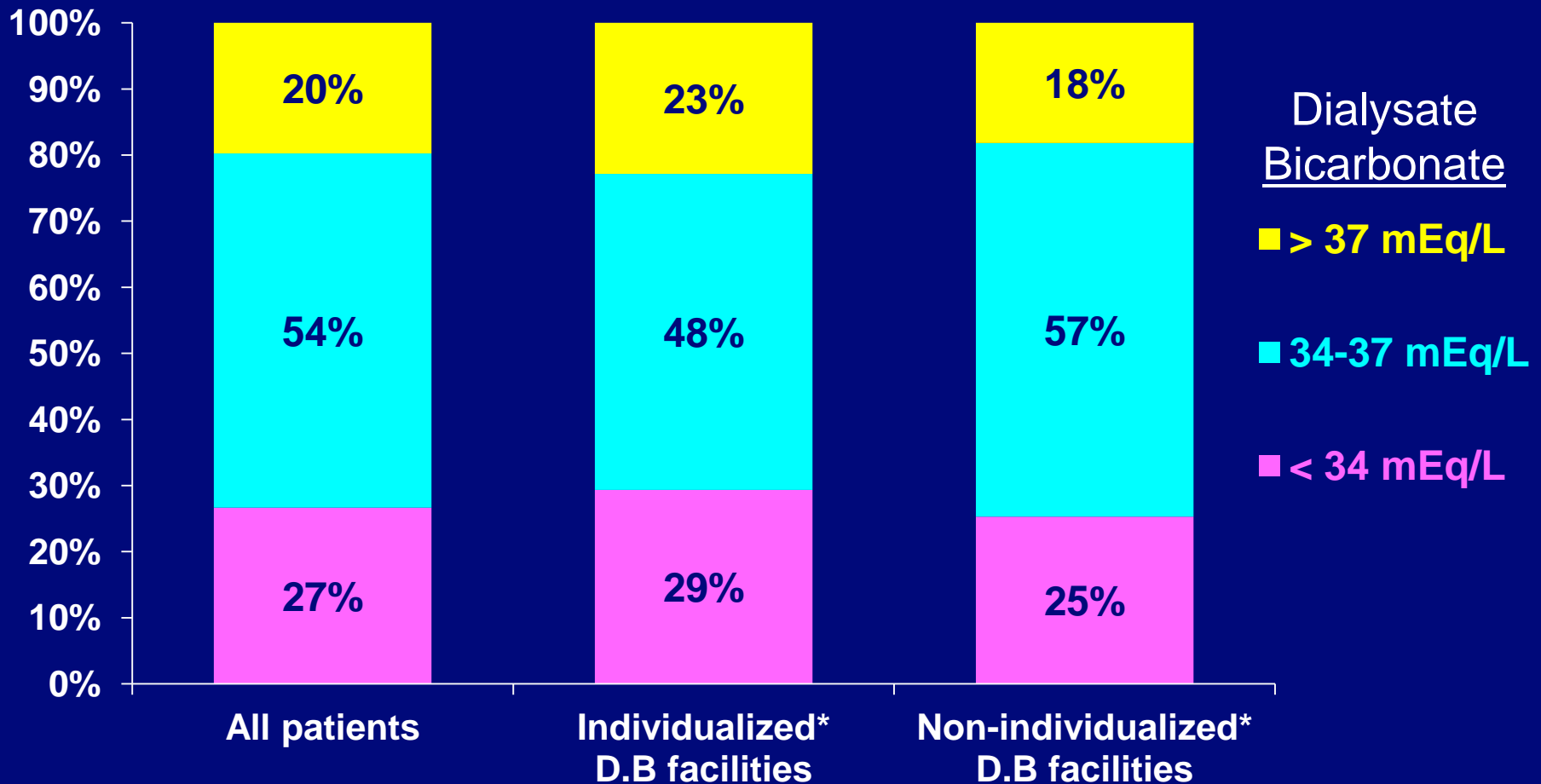


* % of facilities where $\geq 90\%$ of patients use a single D.B concentration

Source: DOPPS 2-3 data; Japan not shown due to possible misclassification issues

Dialysate Bicarbonate Concentration Varies, Even Between 'Non-Individualized' Facilities

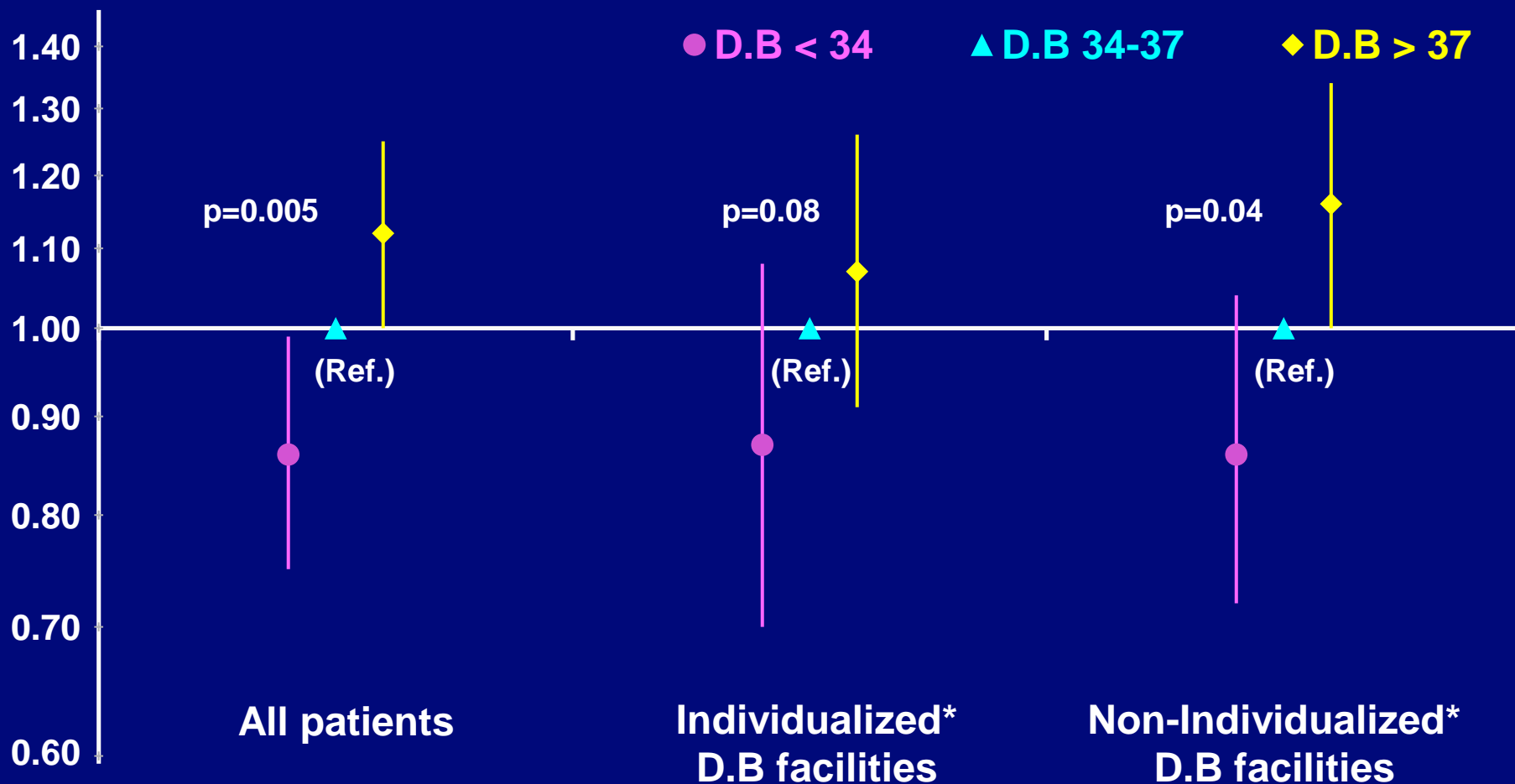
% of patients



*Non-individualized defined as $\geq 90\%$ of patients in a facility prescribed the same D.B; All other facilities defined as Individualized; Source: DOPPS 2-3 data

Mortality is Positively Associated with Dialysate Bicarbonate Concentration

Hazard Ratio (95% CI)



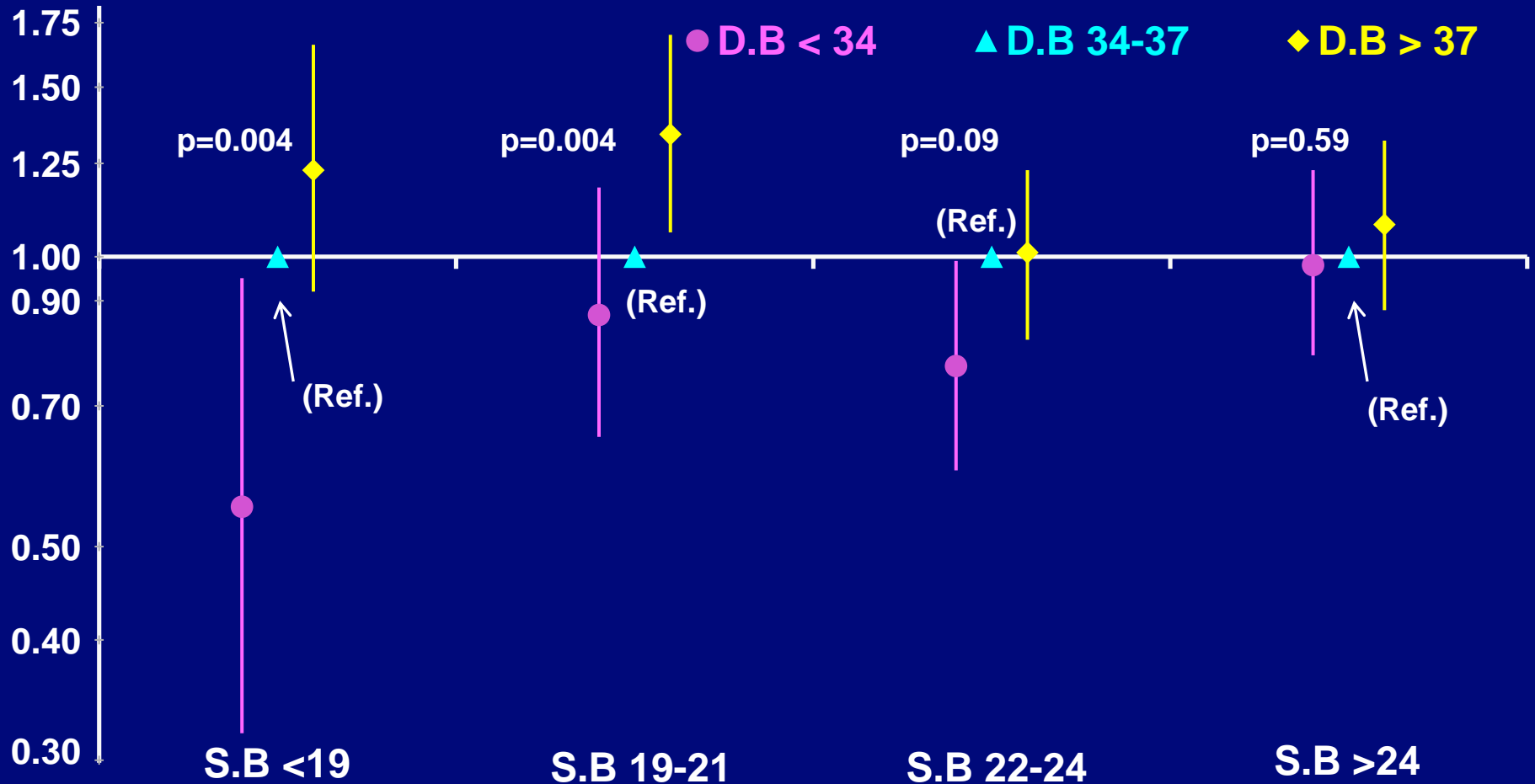
*Non-individualized defined as $\geq 90\%$ of patients in a facility prescribed the same D.B; All other facilities defined as Individualized;
 Source: DOPPS 2-3 data; Cox model stratified by phase and region, adjusted for age, sex, vintage, BMI, 13 comorbidities, albumin, hemoglobin, SBP, vascular access, residual kidney function, Kt/V, serum bicarbonate, and facility clustering; P-values represent the effect of D.B as a continuous variable



Adapted from Tentori et al. ASN 2011 abstract

Dialysate Bicarbonate and Mortality, by Serum Bicarbonate

Hazard Ratio (95% CI)



Source: DOPPS 2-3 data; Cox model stratified by phase and region, adjusted for age, sex, vintage, BMI, 13 comorbidities, albumin, hemoglobin, SBP, vascular access, residual kidney function, Kt/V, serum bicarbonate, and facility clustering; P-values represent the effect of D.B as a continuous variable



Adapted from Tentori et al. ASN 2011 abstract

Additional Analyses

- The association of higher DB with higher mortality did not vary appreciably by level of serum or dialysate potassium, or serum or dialysate calcium
- Findings did not differ appreciably when excluding Japan
- Similar findings were observed using an upper cutpoint of >35 mEq/L (rather than >37 mEq/L)

Summary / Conclusion

- **High dialysate bicarbonate (>37 mEq/L):**
 - Is quite common, especially in US
 - Is associated with higher mortality
- **This association is most apparent among patients with low predialysis serum bicarbonate**
- **Dialysate composition can easily be modified, and avoidance of high DB may have a beneficial impact on survival**
- **This novel finding, and mechanisms such as the possible role of post dialysis alkalosis, deserve further study**