

# Fine-Tuning Dry Weight: A Key Component in Managing Blood Pressure for Patients on Dialysis



**To the Editor:** In a recent article, Torres *et al.*<sup>1</sup> analyzed the relationship between intradialytic hypotension (IDH) and the use of calcium channel blockers as antihypertensives, utilizing kinetic modeling session data from the Hemodialysis Study.<sup>1</sup> IDH is a significant and common complication during hemodialysis, posing challenges for volume management and increasing the risk of severe adverse events. Through a thorough analysis of extensive hemodialysis session data, the authors demonstrated that the use of calcium channel blockers significantly lowers the risk of IDH in patients on hemodialysis.

The results of this study have significant potential implications. Hypertension is common in patients on hemodialysis, difficult to manage, and associated with an increased risk of cardiovascular events.<sup>2</sup> Therefore, having antihypertensive agents with a lower risk of IDH is important. However, a head-to-head comparison of different antihypertensive agents regarding cardiovascular outcomes remains ideal.

Dry weight and interdialytic weight gain are essential components of hemodialysis sessions, critically important in managing hypertension and occurrences of IDH, and are associated with significant clinical outcomes for patients on dialysis.<sup>3</sup> However, the current study lacks data on dry weight and the methods used to determine it. According to current and widely accepted clinical approaches, one of the primary goals for patients on hemodialysis is to reach the ideal dry weight. In addition to physical examination findings, auxiliary methods such as cardiothoracic index, lung ultrasound, bioimpedance spectroscopy, and magnetic resonance imaging of tissue sodium stores are used to assess dry weight.<sup>4</sup> Studies have shown, and our experience supports, that achieving true dry weight can largely resolve the issue of hypertension in patients on dialysis.<sup>5</sup>

In Torres *et al.*,<sup>1</sup> the relatively high use of antihypertensive agents is notable. Could some patients included in the Hemodialysis Study be hypervolemic?

If so, could the effectiveness of calcium channel blockers in preventing IDH vary between hypervolemic patients and those at their ideal dry weight?

In conclusion, though Torres *et al.*<sup>1</sup> provide valuable insights into managing IDH with calcium channel blockers, considering dry weight as a critical factor is essential. A comprehensive approach, including fine-tuning dry weight and selecting appropriate antihypertensive agents, may more effectively manage blood pressure and reduce IDH in patients on dialysis.

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## Tuncay Sahutoglu<sup>1</sup>

<sup>1</sup>Department of Nephrology, University of Health Sciences, Mehmet Akif Inan Training and Research Hospital, Türkiye

**Correspondence:** Tuncay Sahutoglu, Department of Nephrology, University of Health Sciences, Mehmet Akif Inan Training and Research Hospital, Esentepe Mah. Ertuğrul Cad. /Sanliurfa, Türkiye. E-mail: [tu\\_cay83@yahoo.com](mailto:tu_cay83@yahoo.com)

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