

Discussion

The current study found that higher rate of inadequacy of hemodialysis mainly in the group of (201-250) BFR and there were no significant difference between BFR groups.

The current result of the study run in contrast with the findings of Kim and his colleagues showed that by increasing the BFR by 15-20 % in patients with low efficiency dialysis (kt/v less than 1.2), efficiency of dialysis would increase⁽²²⁾. According to study of S.R Borzou and his colleagues that increase BFR will increase efficiency of HD which in turn will reduce the morbidity and mortality of patients on HD⁽²³⁾.

Taziki, Lesan, Chaara and bloombergen and their colleagues assessed the effectiveness of increase BFR on clearance of potassium and phosphate with dialysis and showed that increase clearance the BFR was effective in increase clearance of potassium but was not effective in phosphate clearance⁽²⁴⁻²⁷⁾.

The explanation of higher rate of inadequacy of HD in current study despite using high rate of BFR are different factors not only the difference in blood flow rate:

Malnutrition, anemia, short time of dialysis session, premature cessation of sessions of HD , infection, inadequate blood flow from vascular access, hypotension episodes, technical reasons, the design of the study and the sample size might play a role .

In conclusion there were high rate of inadequacy of hemodialysis, and no significant effect of increasing blood flow rate on hemodialysis adequacy

The low dose of dialysis / week plays an important role in this result.

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