

# AN UPDATE ON UREMIC TOXINS

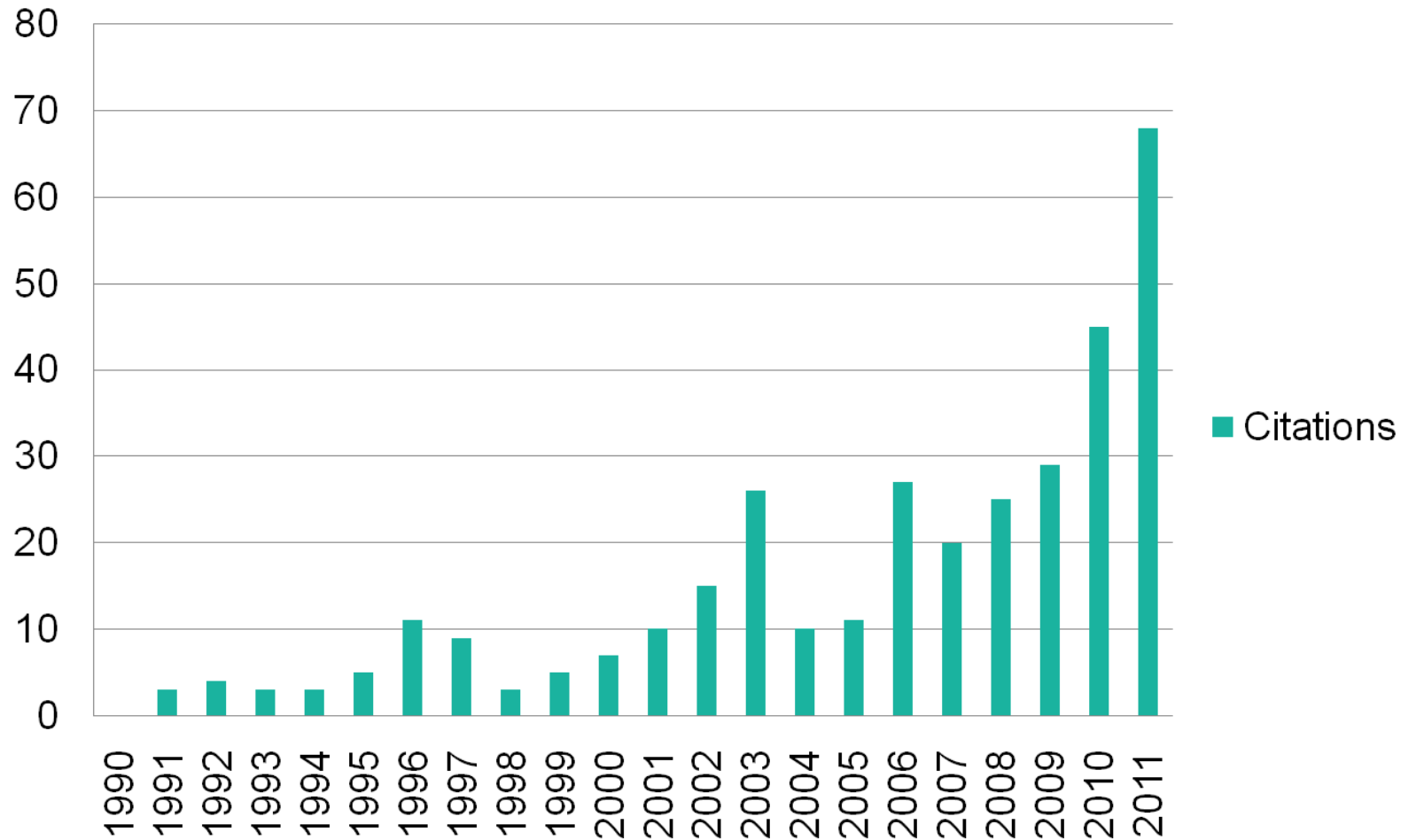
R Vanholder  
University Hospital, Gent,  
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# Indoxyl sulfate



## Citations

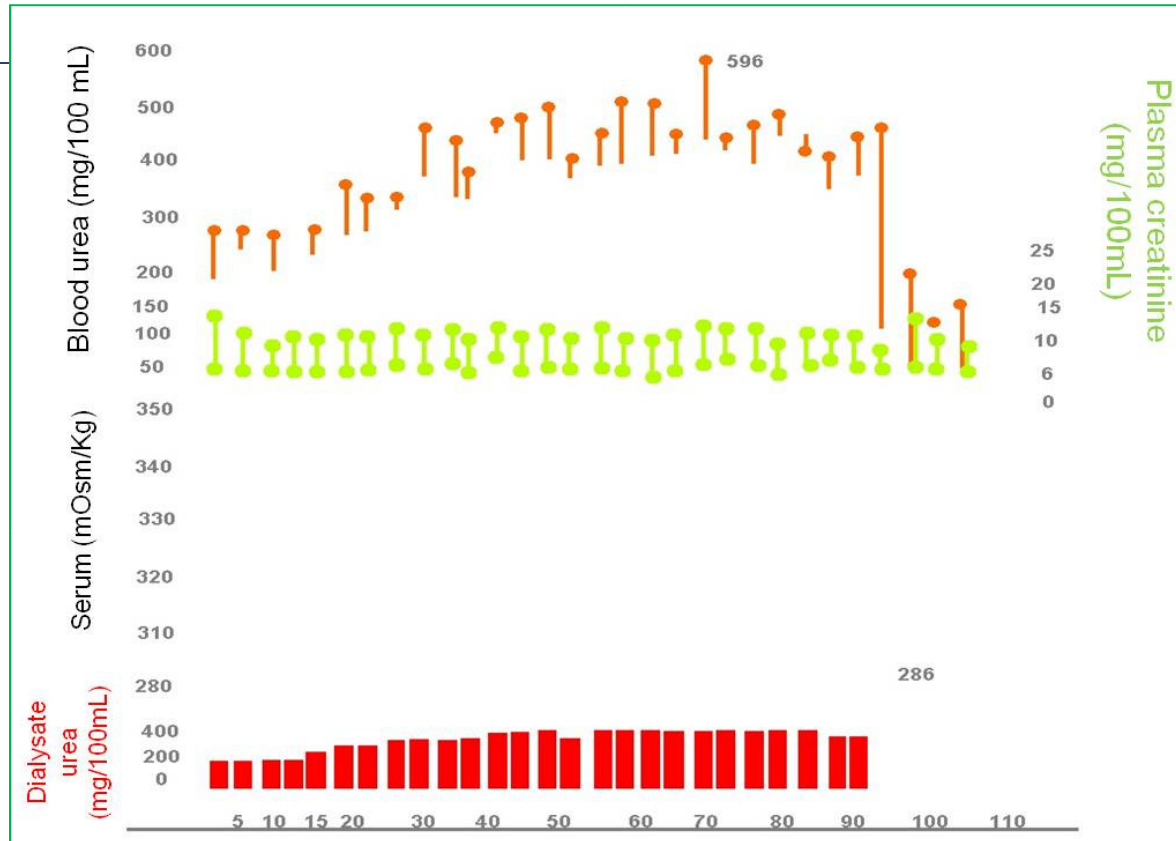


## TOPICS

- ➔ **The small water soluble compounds**
- ➔ **The middle molecules**
- ➔ **The protein-bound molecules**
  
- ➔ **In vitro studies**
- ➔ **In vivo studies**
- ➔ **Outcome studies**

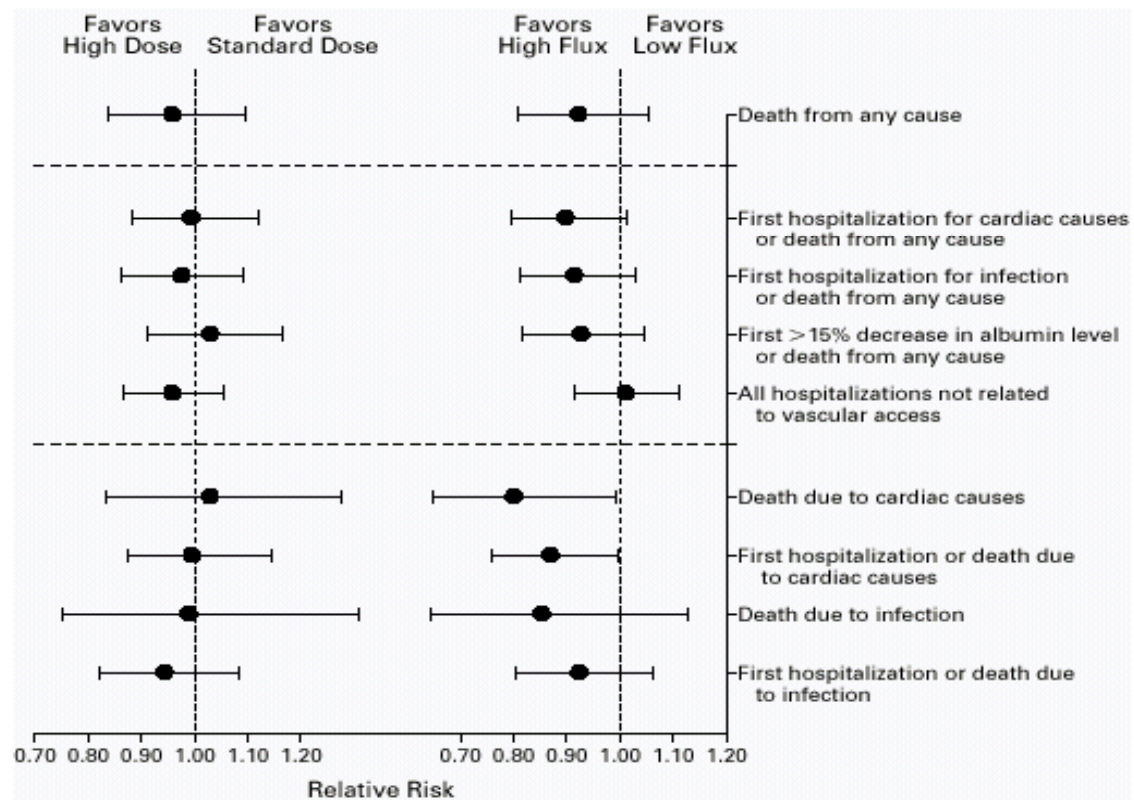


# EFFECT OF INCREASING DIALYSATE UREA



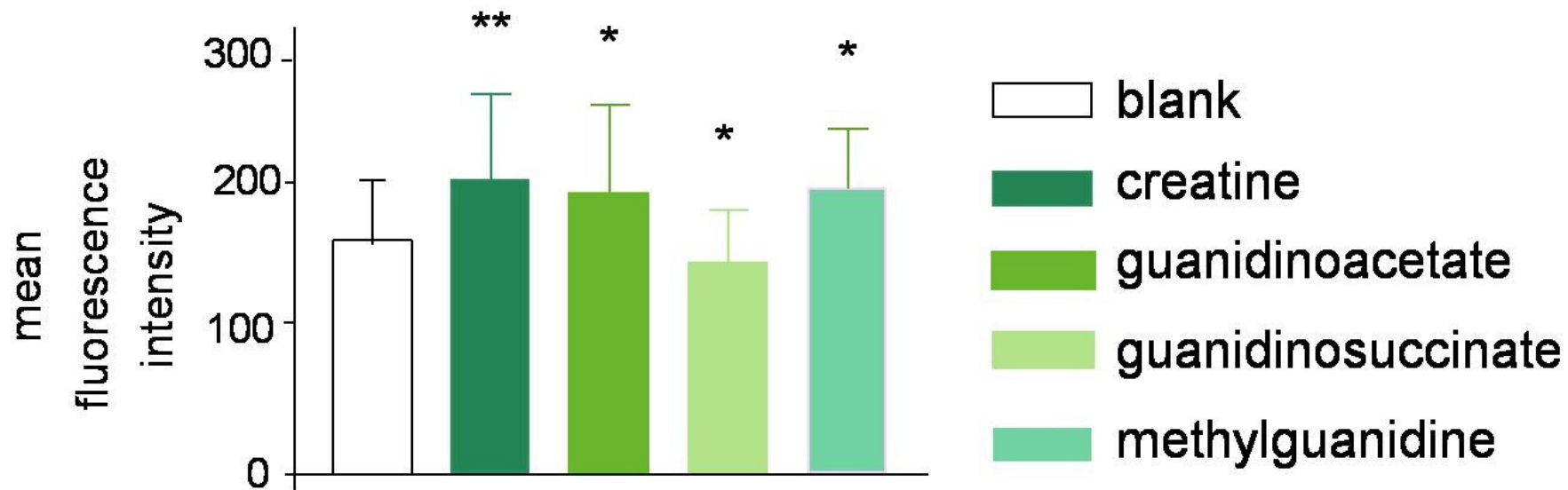
<b>Lethargy</b>	+	+	0	0	0	0	0	0	+	+	+	0	0	0	+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Headache</b>	3+	3+	0	0	0	1+	1+	2+	0	1+	0	2+	0	0	2+	1+	1+	2+	1+	1+	1+	1+	1+	1+	1+	1+	1+	0	3+	1+	1+	0	0	
<b>Emesis</b>	0	0	0	0	1+	0	2+	1+	1+	1+	0	2+	0	0	2+	1+	2+	2+	2+	2+	2+	2+	0	0	0	0	0	2+	2+	1+	0	0		
<b>Bleeding</b>	0	2+	2+	2+	0	1+	1+	1+	1+	1+	2+	2+	1+	0	0	1+	1+	1+	1+	0	0	0	0	0	0	0	0	0	1+	0	0	0	0	
<b>Cramps</b>	0	0	0	0	0	0	0	0	0	1+	0	0	0	0	0	0	0	1+	1+	1+	0	1+	0	0	0	0	0	0	0	0	0	0	0	
<b>Tremor</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2+	0	0	0

# HEMO-STUDY: PRIMARY AND SECONDARY OUTCOMES



# GUANIDINES AND LEUKOCYTE FUNCTION

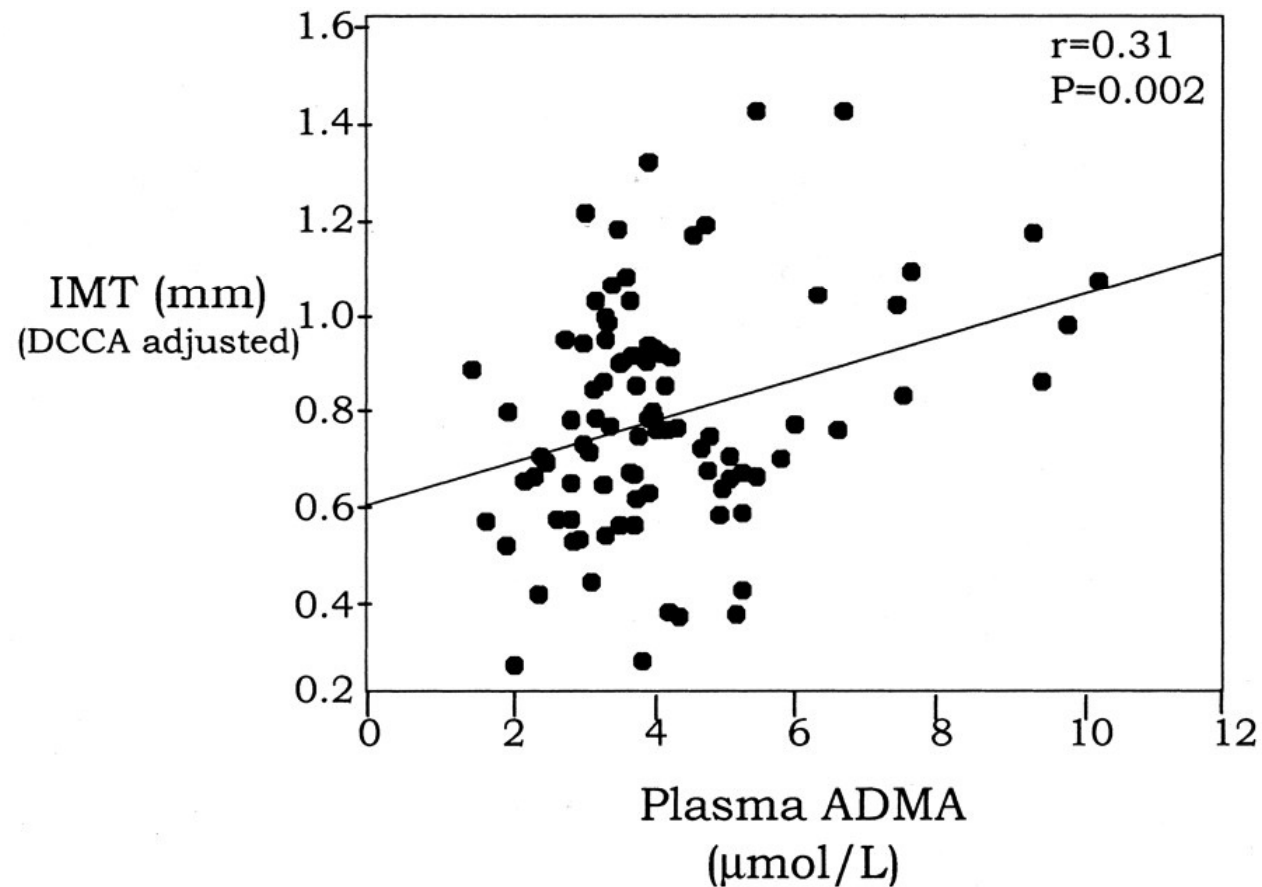
## Monocyte intracellular TNF- $\alpha$ production

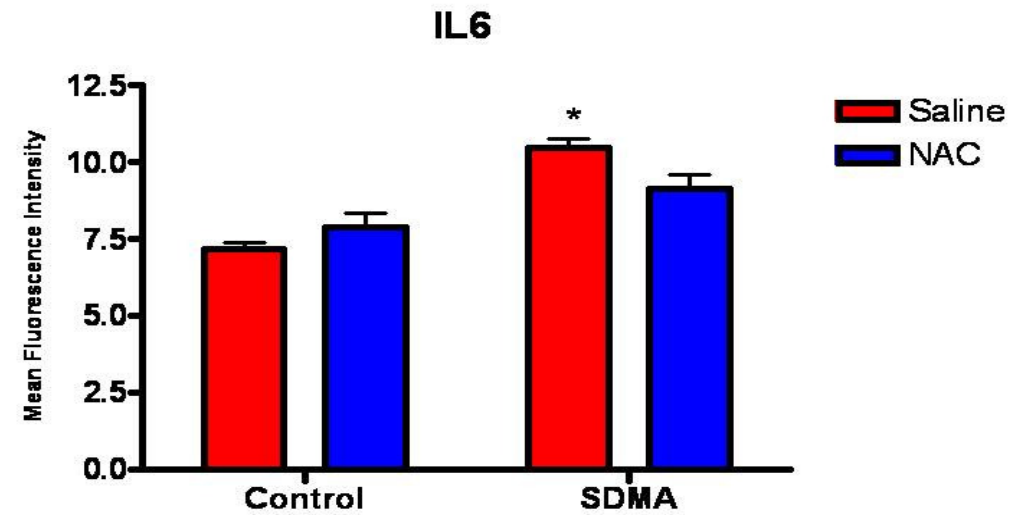
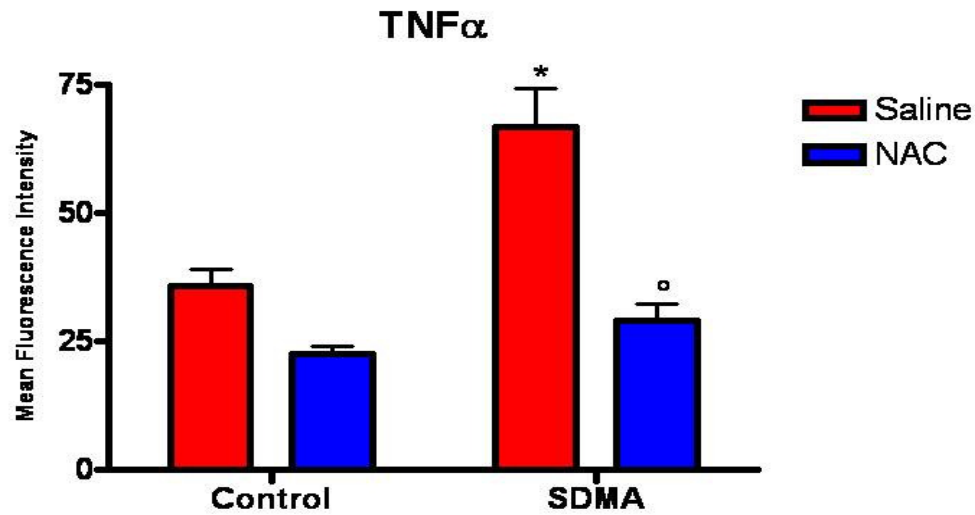


\* $P < 0.05$  vs blank; \*\* $P = 0.0625$  vs blank

Glorieux et al, KI, 65: 2184-2192; 2004

## ADMA AND INTIMA-MEDIA THICKNESS







## Linear regression analysis – variables associated with the serum levels of SDMA and ADMA

	SDMA			ADMA		
	R <sup>2</sup>	Difference (95%CI)	P	R <sup>2</sup>	Difference (95%CI)	P
EPO use	0.35	0.35 (0.31-0.80)	<0.0001			
CKD Stage	0.32	0.52 (0.40 - 0.65)	<0.0001	0.11	0.06 (0.03 - 0.09)	<0.0001
Hemoglobin	0.11	-0.15 (-0.22 - -0.08)	<0.0001	0.04	-0.02 (-0.03 - 0.00)	0.02
Ln-normalized TNF- $\alpha$	0.10	0.57 (0.28 - 0.87)	<0.0001	0.06	0.08 (0.02 - 0.14)	0.006
Ln-normalized IL-6	0.10	0.23 (0.11 - 0.36)	<0.0001	0.06	0.03 (0.01 - 0.06)	0.009
Phosphate	0.080	0.48 (0.21 - 0.75)	0.001	0.08	0.10 (0.04 - 0.15)	<0.0001
Albumin	0.07	-0.03 (-0.05 - -0.01)	0.001	0.03	-0.004 (-0.01 - 0.00)	0.03
Iron Use	0.06	0.23 (0.13 - 0.72)	0.005			
Body Mass Index	0.05	-0.03 (-0.05 - -0.01)	0.01			
Statin use	0.04	-0.30 (-0.56 - -0.04)	0.02	0.03	-0.06 (-0.11 - -0.01)	0.03

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## COMPARTMENTALISATION GUANIDINES

Compound	V	Eff Rem
Urea	42.7±6.0	67±4
Creatine	98.0±52.3*	42±16*
Creatinine	54.0±5.9*	58±6*
Guanidino acetic acid	123.8±66.9*	37±14*
Guanidine	89.7±21.4*	43±7*
Methylguanidine	102.6±33.9*	42±12*

\*: p<0.05; V: distribution volume (L); Eff Rem: effective removal (%)

## CONCLUSION / SMALL WATER SOLUBLE MOLECULES

- ➔ **Uremia and the uremic syndrome are the consequence of the retention of more molecules than urea alone**
- ➔ **When analyzing and optimizing uremic retention solute removal, one should analyze and optimize more than urea removal alone**

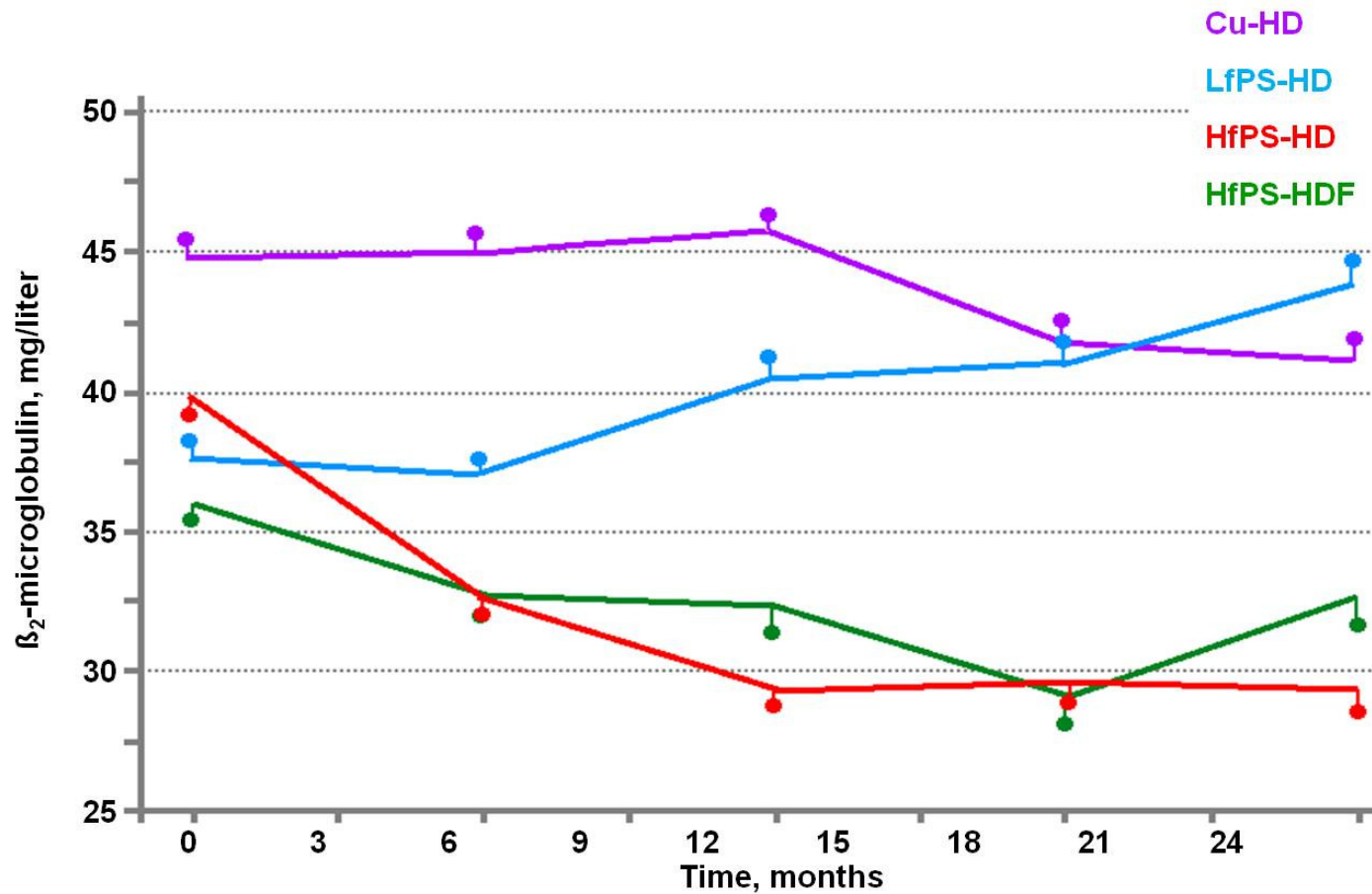
## TOPICS

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- ➔ **The middle molecules**
- ➔ **The protein-bound molecules**

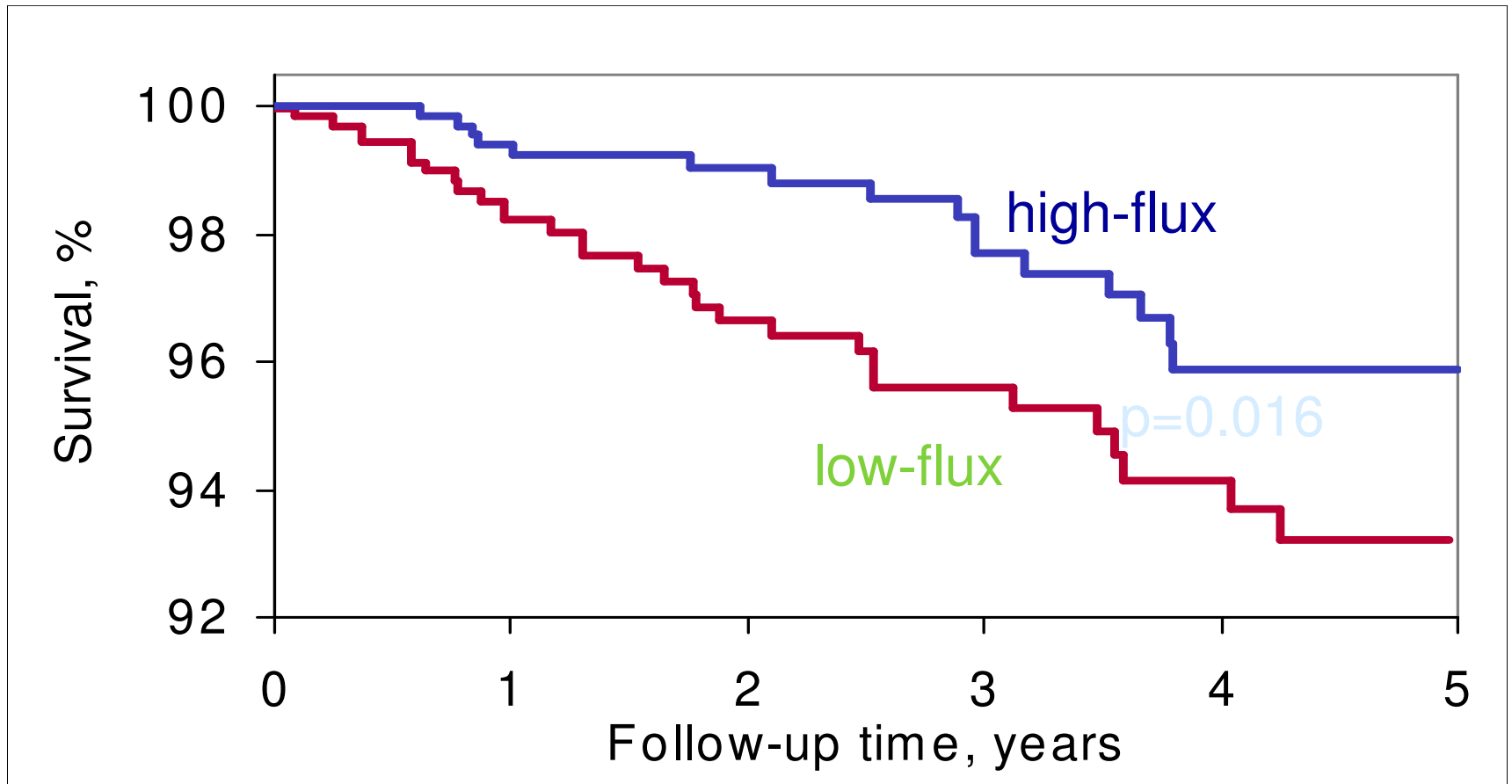
## MM WITH BIOLOGICAL POTENTIAL

- ➔ Adrenomedullin
- ➔ AGE
- ➔ Angiogenin
- ➔ AOPP
- ➔ Atrial natriuretic peptide
- ➔ Cholecystokin
- ➔ Clara cell protein
- ➔ Complement factor D
- ➔ Cystatin C
- ➔ Cytokines
- ➔ Delta sleep inducing protein
- ➔ Endothelin
- ➔  $\beta$ -Endorphin
- ➔ Ghrelin
- ➔ Glomerulopressin
- ➔ GIP I
- ➔ GIP II
- ➔ Leptin
- ➔  $\beta$ -Lipotropin
- ➔ Macrophage-colony-stimulating factor
- ➔ Methionine-enkephalin
- ➔  $\beta_2$ -Microglobulin
- ➔ Neuropeptide Y
- ➔ Orexin A
- ➔ Retinol binding protein

## EVOLUTION OF $\beta_2$ -M OVER TIME



## DEATH FROM CEREBROVASCULAR DISEASE IN THE HEMO STUDY

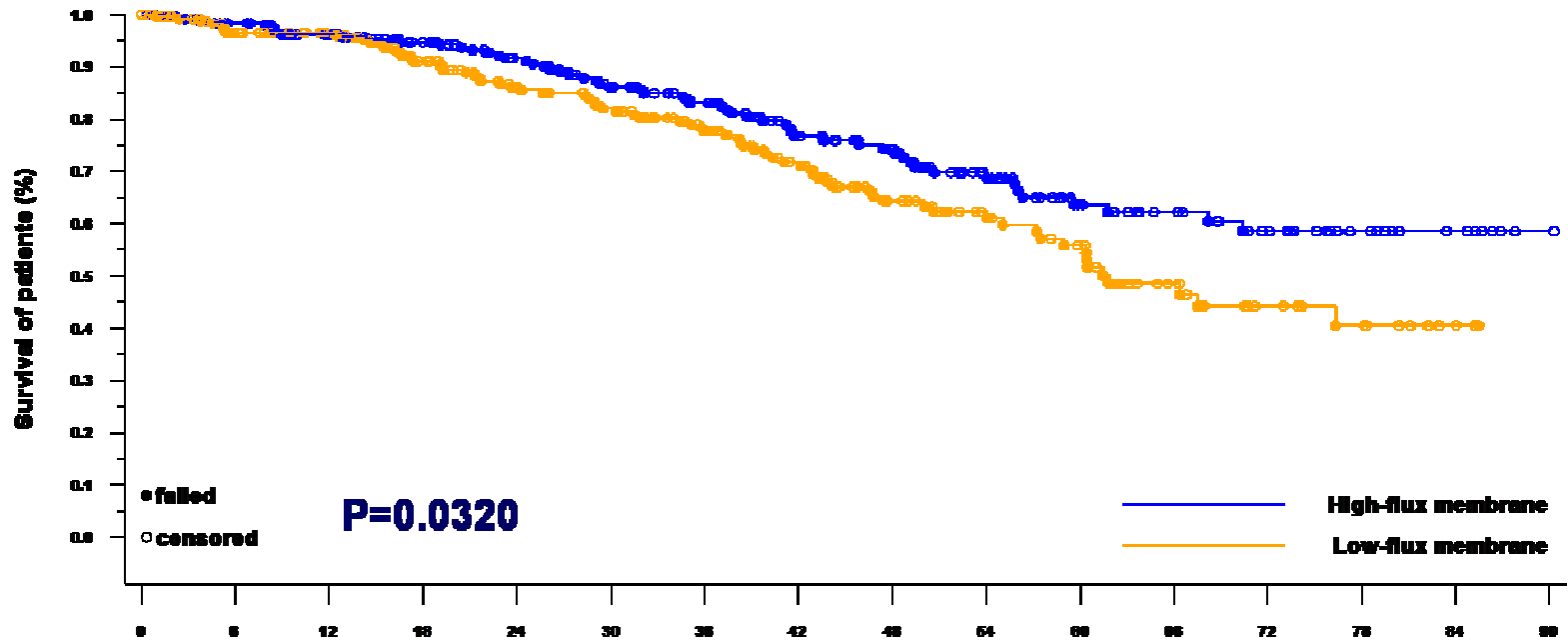


1486 patients without CBVD at baseline



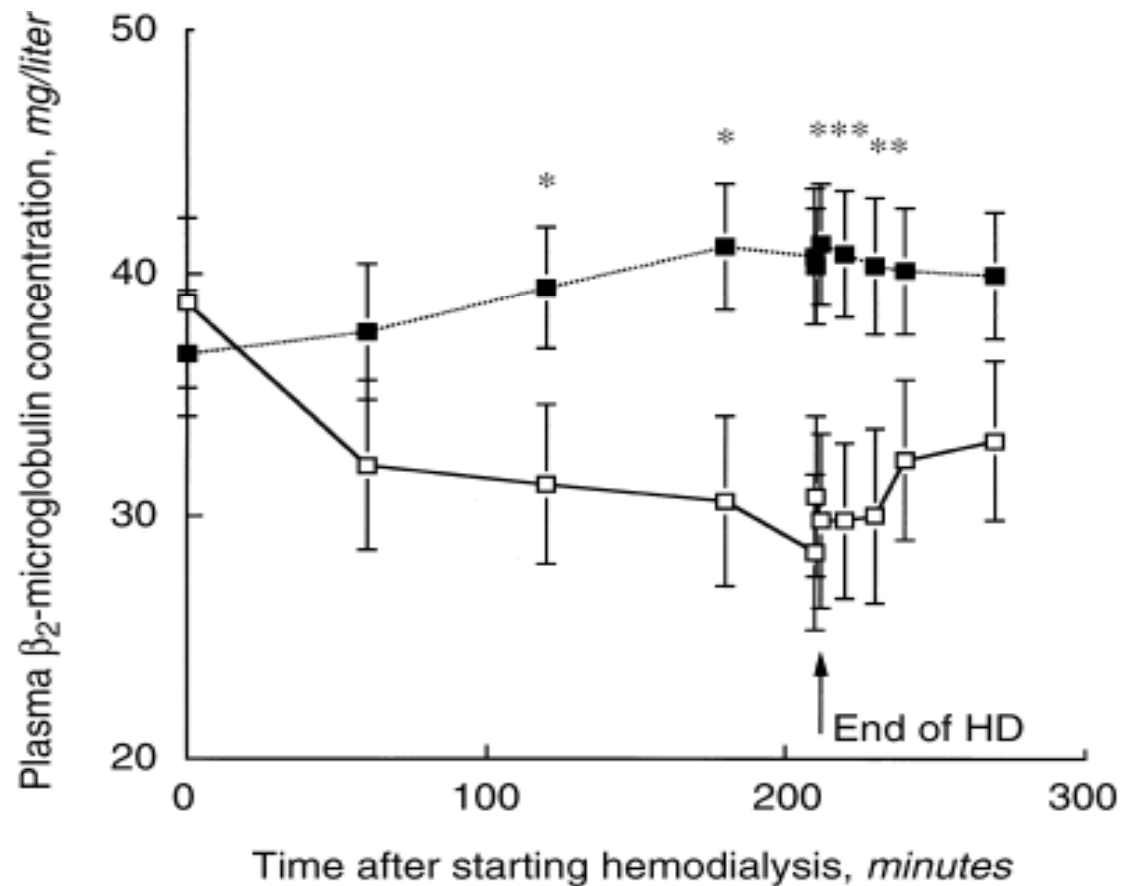
# KAPLAN-MEIER SURVIVAL ANALYSIS

≤ 4g/dl Al

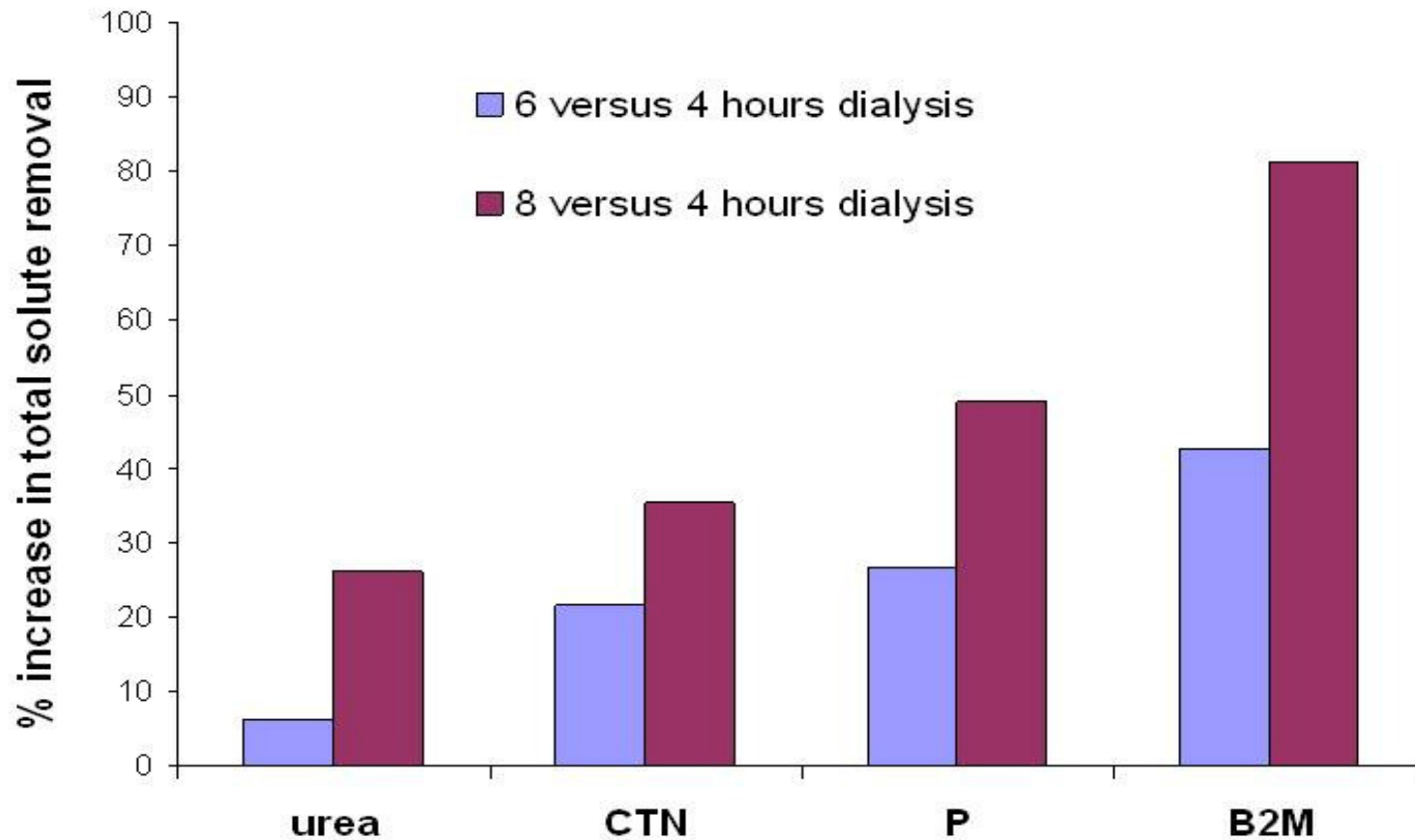


No. at risk	Months since month 0															
	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84	90
High-flux	250	212	173	134	85	44	26	7								
Low-flux	243	202	152	117	67	41	15	3								

# KINETICS MIDDLE MOLECULES



## PERCENTAGE CHANGE VS. 4 HRS



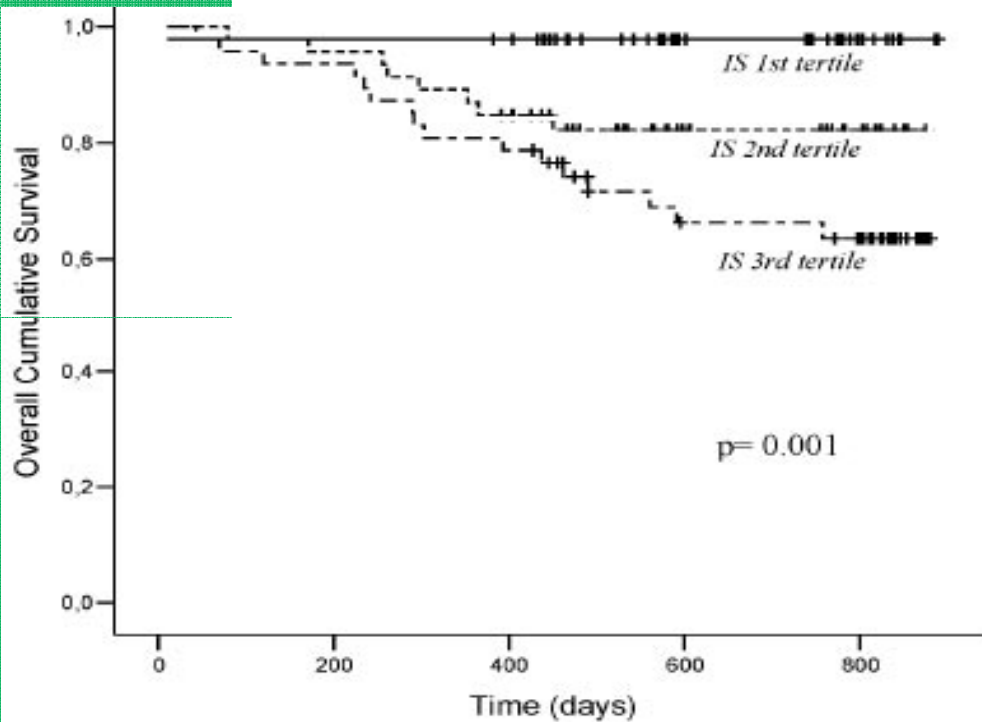
## TOPICS

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# PROTEIN-BOUND COMPOUNDS: FUNCTIONAL IMPACT

- **AGEs**: inflammation, vascular disease
- **CMPF**: PB drugs, detoxification, neuropathy, anemia
- **Cytokines**: inflammation, malnutrition, anemia
- **Dimethylguanidine**: inhibition  $\text{Ca}^{2+}$  ATP-ase
- **Hippuric acid**: PB drugs, glucose intolerance
- **Homocysteine**: vessel disease, detoxification
- **Indole-3-acetic acid**: PB drugs, neuropathy, cytotoxicity
- **Indoxyl sulfate**: decline renal function, thyroid function, PB drugs, detoxification, endothelial function and repair
- **Kinurenine**: neuropathy
- **Leptin**: malnutrition
- **Phenols**: immune function, neuropathy
- **Phenylacetic acid**: nitric oxide synthesis
- **Quinolinic acid**: neuropathy

# INDOXYL SULFATE AND SURVIVAL



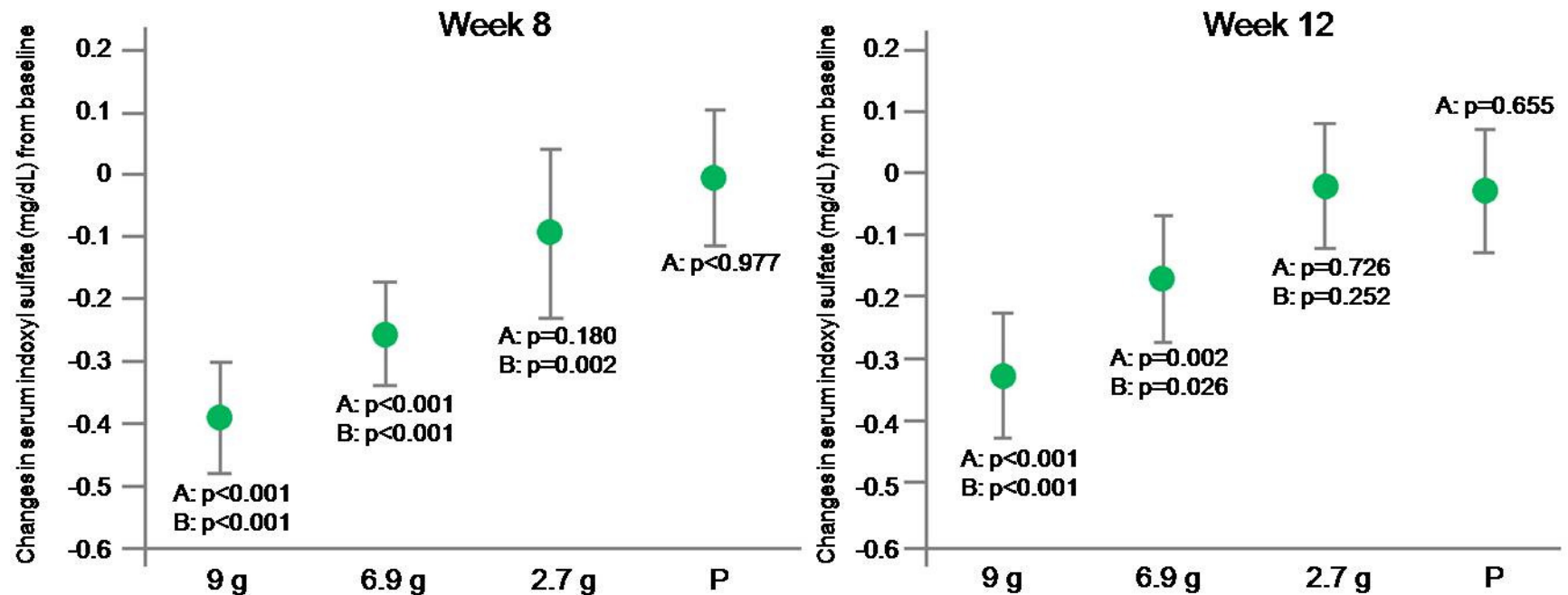
Kaplan-Meier estimates of overall mortality for patients as a function of tertiles for serum IS levels

Number of patients at risk

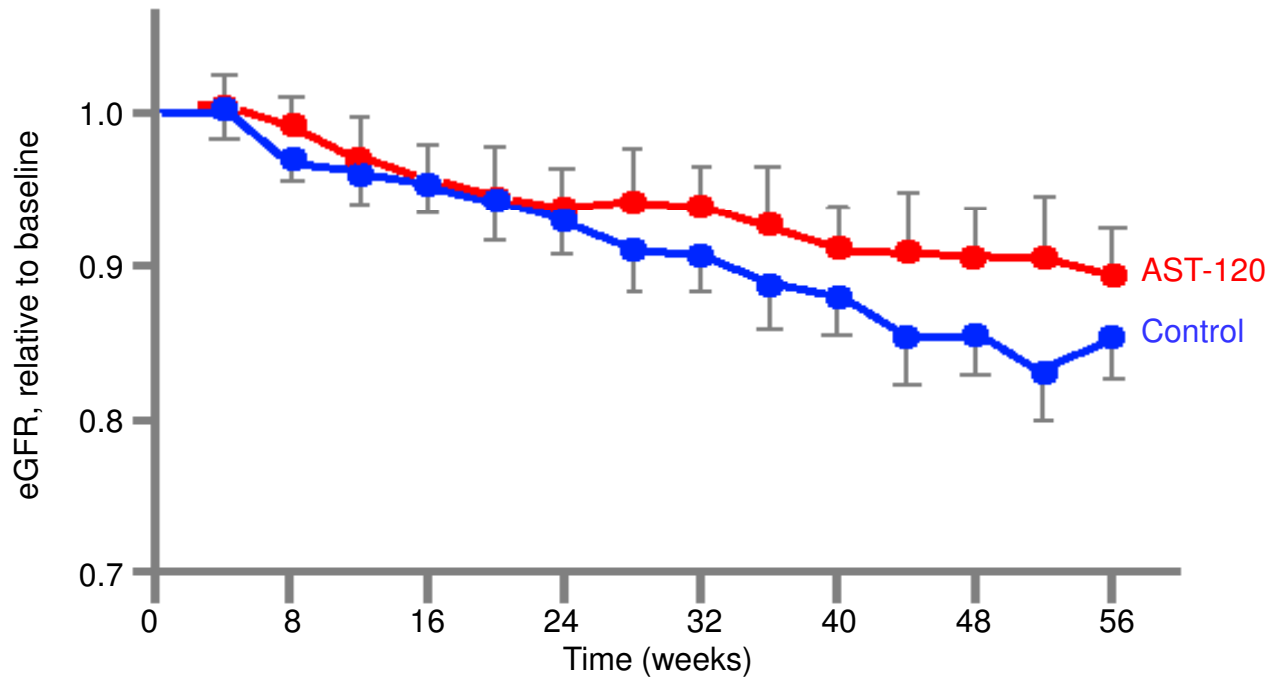
	Days of Follow up				
	0	200	400	600	800
IS 1st tertile	46	45	44	23	8
IS 2nd tertile	46	44	38	17	9
IS 3rd tertile	47	44	37	24	21

# AST-120 AND SERUM INDOXYL SULFATE

Mean ± 95 % confidence interval



# ESTIMATED GLOMERULAR FILTRATION RATE



$P < 0.001$



## CONCLUSIONS

- **Uremic toxicity results from a complex retention pattern involving small water soluble compounds, protein bound compounds and middle molecules.**
- **Urea removal is not representative for that of most other molecules**
- **Enhancing middle molecule removal by increasing dialyzer pore size improves outcomes. Enhancing this process by convection might further improve outcomes**
- **Removal of protein bound compounds can be enhanced by intestinal adsorption which has a positive impact on the decline of residual renal function.**
- **Highly efficient convective strategies also improve removal of protein bound solutes**