Supplementary Material

Methods: This IRB-approved retrospective study included clinically stable children (5 - 18 years) on maintenance dialysis (HD or PD) who underwent 24-hour ABPM as a part of routine clinical practice. ABPM was performed 24 hours prior to dialysis in HD patients and on any PD day. We noted the mean ambulatory systolic and diastolic BP values, BP loads (% of BP values > 95th percentile of normative data) and nocturnal dip. We calculated BP indices by dividing the systolic and diastolic BP (clinic or ambulatory) with the corresponding 95th percentile[S1] and HTN was diagnosed if the BP index was ≥ 1. Uncontrolled HTN was diagnosed when either clinic SBP and/or DBP alone or mean ambulatory SBP and/or DBP were ≥ 95th percentile in children on antihypertensive medications. Masked HTN was defined as HTN detected by ABPM but not by clinic BP and Nocturnal HTN as isolated night-time ambulatory HTN. Native kidney disease, anti-hypertensive medications, modality of dialysis and dialysis vintage, residual kidney function (urine output >150 ml/day), weight gain as a % of dry weight, and presence of concentric LVH were noted along with age and anthropometry. Agreement between the clinic and ABPM HTN diagnosis was measured with Kappa value. Factors associated with ABPM severity were assessed with Spearman correlation. Statistical analysis was done by Stata Software version 16.

Supplementary Reference:

S1. Elke Wühl, Klaus Witte, Marianne Soergel, Otto Mehls, Franz Schaefer, German Working Group on Pediatric Hypertension. Distribution of 24-h ambulatory blood pressure in children. Normalized reference values and role of body dimensions. J Hypertens. 2002;20(10):1995–2007.