ization of blood pressure. The aim of our study was to investigate the clinical and biological characteristics of patients with persistent intradialytic hypertension after the drop of their dry weight (DW).
Materials and methods From January 2013 to June 2013, 50 patients with IHT were identified based on the definition. According to the effect of dry weight reduction after 6 months, 2 groups of patients were described with and without effect on IHT. Demographics, clinical and biological data were analyzed. We estimated vascular status using a score. We also investigated differences in 5-year mortality and comorbidity.
Results The two groups were respectively constituted by 23 and 27 patients without significant differences for gender (OR [0.23; 2.94] $P = 0.78$) or age ($P = 0.13$). The patient's vascular status was not more high in the group 1 than in the group 2 (1.5 vs. 1.9; $P = 0.26$). The reduction in dry weight was the same in two groups ($-2{,}44$ vs. -2.57; $P = 0.94$), and no differences were found in the level of parathyroid hormone(169 vs. 387; $P = 0.9$). The number of hypertension treatments was lower in the group 2 (1.7 vs. 2,5; $P = 0.05$). The two group showed a similar 5year mortality (70 and 78% respectively, $P = 0.75$).
Conclusion Despite overhydratation correction, we could not explain intradialytic hypertension by vascular status alone. After improvement of IHT, mortality rate remains high.
Disclosure of interest The author declares that she has no competing interest.
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Renal outcome of living kidney donors at Tlemcen University Hospital

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Introduction Renal transplantation from living donors is the most beneficial for recipients in terms of survival and quality of life. However, this option raises many questions, including the risks for the donor.
Objective The objective of the study was to investigate the occurrence of complications such as kidney failure or high blood pressure in the short and long term after kidney donation.
Method Descriptive cross-sectional study of 100 living donors who have donated a kidney to their relatives at least one year ago, between 2007 and 2017.
The evaluation criteria were the complications of nephrectomy in the short and long term: occurrence of renal failure, high blood pressure or proteinuria.
Results The donors' mean age was 39.8 years old, 2/3 of donors were women. Donors were parents (34.7%), collateral (50.6%) or spouses (10.7%). Only 3 donors had a laparoscopy. Perioperative and subsequent mortality was null. Five donors have pregnancies after donation without any fetus or maternal complications. The main complaints expressed concerned pain and scarring after-effects. Donor-recipient relationships improved in 86% of cases and remained unchanged in the remaining (14%). After a mean delay post-transplant of 5 years, no donor developed a renal failure, or a proteinuria. Mean GFR was 88,5 ml/min/1,73m^2, and no donor had lower GFR than 60 ml/min/1.73 m^2. However, 6 years after surgery, 5.6% of patients developed high blood pressure.
Discussion The results of our study did not reveal any risk associated with donation in comparison with the general population. However, recent studies have reported a higher risk of chronic renal failure in kidney donors compared to control subjects. Biases were identified in the selection of control groups for these latter studies. Indeed, our study did not include a control group, however, after a medium delay of 5 years, we did not observe donors' renal complication, probably because our population is predominantly made of young subjects. However, our present work strongly pleads for a rigorous evaluation of potential donors.
Conclusion Transplantation from living donors allows better results in terms of graft survival without exposing the donor to inconsiderate risks, provided that the donors are properly selected.
Disclosure of interest The authors declare that they have no competing interest.

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Therapeutic education of the renal transplant patient

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Introduction The success of kidney transplantation depends on the long-term immune-suppressive treatment; therapeutic education programs for transplant recipients are being implemented world-wide to help patients acquiring the needed skill to manage their treatment and lifestyle in the best possible way.
Objectives (1)To assess knowledge and observance of transplant patients receiving immunosuppressive treatments, and (2) to develop information, monitoring tools and matrices of therapeutic education program (ETP) adapted to our patients.
Patients and methods Our cross-sectional study was conducted in 100 kidney transplant patients followed in our department; age: 34 ± 10.8 years old; sex ratio: 1.76. Observance was assessed by the Girerd's questionnaire and knowledge of their medical status by a questionnaire consisting of 12 items.
Results Eight % of patients did not respect their medical appointment dates. Twenty-five % had a good knowledge of their immunosuppressive treatment. The risk of not taking the immunesuppressant were well-known (more than 80% of correct answers), other notions concerning the mechanisms of action and the possible side effects were much less understood. The knowledge of the risks of treatment, lifestyle and diet was incomplete. The item evaluating what to do if the patient forgets to take a medication received the lowest percentage (5%) of correct answer. This level was significantly correlated with the educational level ($P = 0.02$). Forty four percent of our patients were considered as good observers and 51% had minor observance problems. Irregularity in the time of intake appeared to be the main factor in patients' poor compliance. No relation was evidenced between the level of knowledge of the patients and their level of observance.
Discussion and Conclusion Our study revealed that our patients' knowledge was fragmented and insufficient, likely limiting the observance and increasing the risk of kidney rejection. In order to improve this situation, we adapted the ETP methods to our patients' pathology and established 4 educational tools: an information