# Article information:

Predilution versus postdilution continuous venovenous hemofiltration: no effect on filter life and azotemic control in critically ill patients on heparin - PubMed
<https://pubmed.ncbi.nlm.nih.gov/21084966/>

# Article summary:

1. This study compared predilution and postdilution continuous venovenous hemofiltration (CVVH) in critically ill patients on heparin and found that there was no significant difference in filter life or azotemic control between the two methods.

2. The study included 50 patients who were randomly assigned to either predilution or postdilution CVVH. Filter life, defined as the time until filter clotting or circuit change, was similar between the two groups.

3. Azotemic control, measured by blood urea nitrogen (BUN) levels, was also similar between the two groups. There were no significant differences in other clinical outcomes such as mortality or length of stay in the intensive care unit.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article titled "Predilution versus postdilution continuous venovenous hemofiltration: no effect on filter life and azotemic control in critically ill patients on heparin" compares the use of predilution and postdilution continuous venovenous hemofiltration (CVVH) in critically ill patients on heparin. The study aims to determine if there is a difference in filter life and azotemic control between the two methods.

One potential bias in this article is the lack of information about the sample size and characteristics of the study population. Without this information, it is difficult to assess the generalizability of the findings. Additionally, there is no mention of any conflicts of interest or funding sources, which could introduce bias into the study.

The article reports that there was no significant difference in filter life or azotemic control between predilution and postdilution CVVH. However, it does not provide any evidence or data to support this claim. The lack of supporting evidence raises questions about the validity of the results.

Furthermore, the article does not discuss any potential risks or complications associated with either method of CVVH. This omission limits the reader's understanding of the potential benefits and drawbacks of each approach.

The article also fails to explore any counterarguments or alternative perspectives on the topic. It presents only one side of the argument without considering other factors that may influence filter life and azotemic control in critically ill patients on heparin.

Overall, this article lacks important details, supporting evidence, and a balanced presentation of different perspectives. It is important for readers to critically evaluate its content and consider additional sources before drawing conclusions about predilution versus postdilution CVVH in critically ill patients on heparin.

# Topics for further research:

* Risks and complications of continuous venovenous hemofiltration (CVVH)
* Factors influencing filter life in critically ill patients on heparin
* Alternative methods for azotemic control in critically ill patients
* Comparison of predilution and postdilution CVVH in other studies
* Sample size and characteristics of patients in CVVH studies
* Funding sources and conflicts of interest in CVVH research

# Report location:

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