Correction of Amino Acid Metabolism during rHEPO Therapy in Hemodialysis Patients Results from a Better Oxygen Availability

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Dear Sir,

The paper of Garibotto et al. [1] requires some comments. Our first paper in *Kidney International*, which they cited [2], dealt with 'correction of amino acid metabolism by rHEPO therapy'. In a further study [3] we managed to show that 'severity of anemia influences pattern of amino acids and α -keto acids in hemodialysis patients'. Thus, the question was not whether or not application of rHEPO improves the metabolic state of hemodialysis patients, but how far malnutrition in hemodialysis patients corresponds with the severity of anemia and can be improved together with a better oxygen availability. To measure these effects, it is necessary to compare groups of patients with a sufficient difference in severity of anemia and a marked increase of hematocrit during rHEPO therapy. Garibotto et al. [1] studied 10 hemodialysis patients who had increases in hemoglobin levels from 7.0 ± 0.3 to 8.1 ± 0.2 g% during rHEPO therapy. Thus, these patients obtained a 25% better oxygen availability. In our first study 14 hemodialysis patients with 6.2 ± 1.5 g/dl hemoglobin, who obtained 9.5 ± 1.9 g/dl hemoglobin during rHEPO therapy, showed a significant improvement of the amino acid pattern. These results were in correlation with the difference of the amino acid pattern of two groups of hemodialysis patients with severe anemia ($n=22$, hemoglobin < 6 g/dl) and modest anemia ($n = 36$, hemoglobin > 10 g/dl). Thus, we are sure that the group of Garibotto et al. will measure these effects, if they choose larger groups of patients (approximately 15-20/group) with more marked differences of severity of anemia and a greater increase of hematocrit during rHEPO therapy.

References

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