Intradialytic changes, such as hypertension and hypotension, are an under-recognized marker for increased risk of morbidity and mortality. In order to ascertain the prevalence of episodes of hypertension and/or hypotension we proceeded to study 49 dialysis patients in San Juan, Puerto Rico. Twenty patients were alive and 29 had expired. All patients studied have at least 6 months of treatment. Clinical data was obtained retrospectively to examine the association of these hemodynamic changes to mortality, antihypertensive medications and cardiomegaly. Statistical analysis was done by chi square, odds ratio, and logistic regression of multiple variables. Chi square results show statistically significant associations of mortality in both groups with beta blockers ($P=0.04$), calcium channel blockers ($P=0.02$), cardiomegaly ($P=0.04$), and episodes of hypertension and hypotension ($P=0.035$). Odds ratio estimates confirm an estimated 73% protection by using Beta blockers. Similarly patients on calcium channel blocker have an estimated 74.6% protection against dependent variable (death). Moreover, in the living group, there was an estimated 70% probability of developing cardiomegaly in their lifetime. Logistic regression of multiple variables showed a statistically significant correlation of mortality with hyper/hypotension which strengthened after addition of other variables up to nearly 60% inferred causality. Our Study showed the prevalence of hyper/hypotension in our institution is more than 50% of our population. The variables associated with death are use of beta blockers and Calcium channel blockers which reduce its probability, and development of intradialytic hyper/hypotension which increases probability. Occurrences of these episodes increase the probability of death by almost three times.