



Potassium Management Made Easy

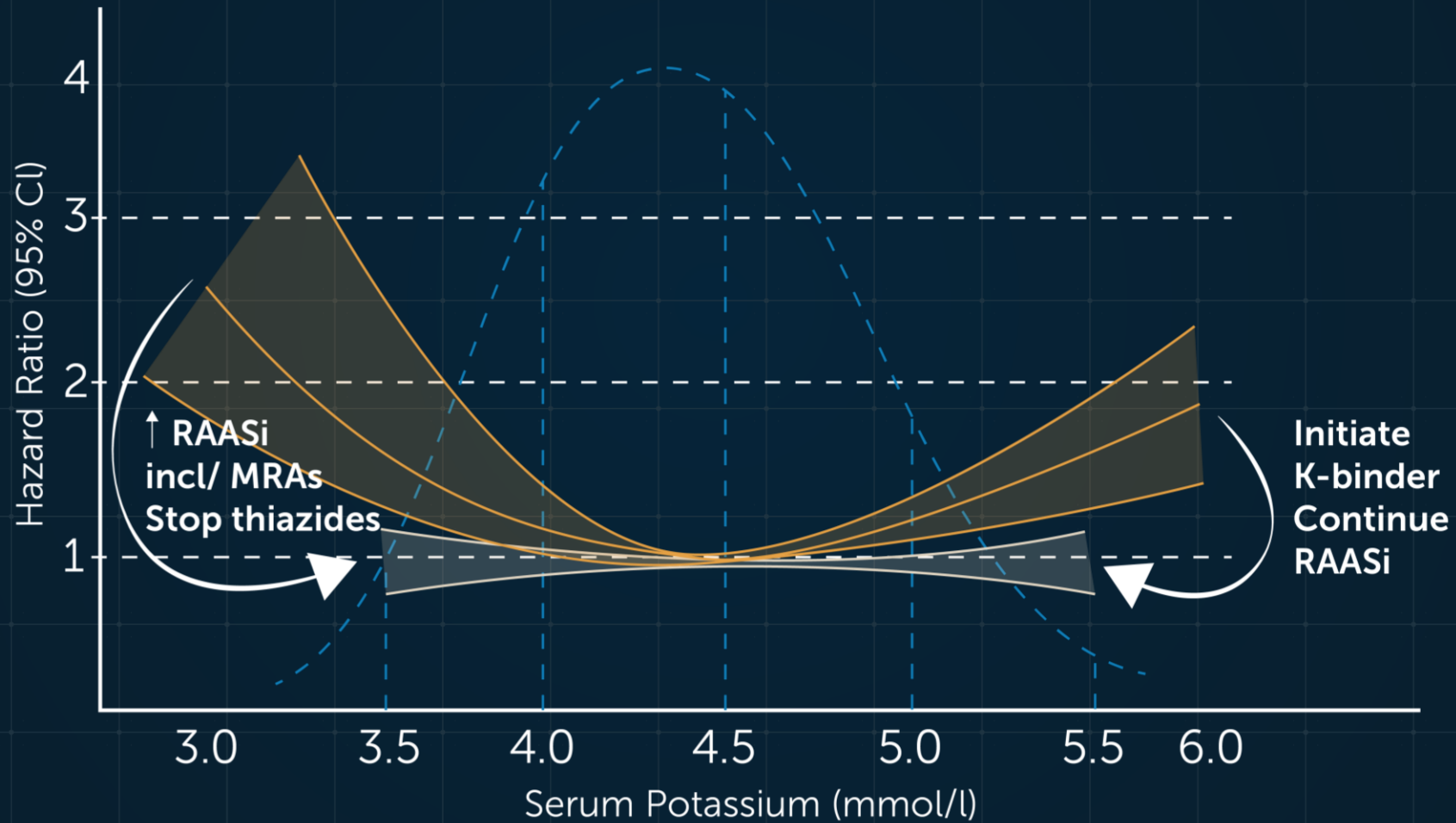
Risk Factors for Hyperkalemia

- GFR <45 mL/min/1.73m² = higher risk
- Potassium >4.5 mEq/L = higher risk

Patient Case

- 54-year-old Black man with a diagnosis of:
 - Class III heart failure
 - Diabetes
 - Chronic kidney disease (CKD)
- Estimated GFR 43 mL/min/1.73m²
- Intolerance to ACE inhibitor and spironolactone due to hyperkalemia
- Potassium >5.5 mEq/L (baseline 4.8 mEq/L)

Correction of Potassium Disturbances Offsets Mortality Risk



↑ = increase; incl = include; MRA = mineralocorticoid receptor antagonist; RAASi = renin-angiotensin aldosterone inhibitor.

Ferreira JP, et al. *J Am Coll Cardiol.* 2020;75(22):2836-2850.

Initiation or Up-titration of Any RAASi Therapy or MRA

- Measure potassium
 - Concomitantly with RAASi change
 - Three days later
 - One week later
 - One month later
 - Every four months thereafter

“ In people with heart failure, using a lesser dose of RAASi does not provide the same degree of benefit as full dose RAASi. ”

Potassium Binders

- Patiromer
- ZS-9 (sodium zirconium cyclosilicate)

“

We should never give up until we are at the upper tolerated dose or to the guideline-recommended dose.

”

Practice Tip

- Patients with some CKD or kidney dysfunction are at **highest risk** of developing **adverse events**, including hyperkalemia, but they are also at high risk of developing cardiovascular and renal outcomes, and they are at the **highest need** of **RAAS inhibitors**.

Practice Tip

- The key approach in managing RAAS inhibitor in those patients is to **keep trying to initiate** this therapy and **up-titrate** with the help of **potassium binders**.



The Present and Future

JACC State-of-the-Art Review

Abnormalities of Potassium in Heart Failure: JACC State-of-the-Art Review

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Highlights

- Potassium alterations may have life-threatening consequences.
- Hypokalemia is associated with adverse outcomes likely via causal mechanisms.
- Hyperkalemia leads to the stopping of renin angiotensin aldosterone system inhibitor that may have adverse consequences.
- Correction of both hypokalemia and hyperkalemia offsets their associated risk.