Development of hyperkalemia can be either acute or chronic depending on the time of onset, the presence or absence of symptoms, and underlying etiology.

Chronic hyperkalemia is a potentially life-threatening condition commonly seen in older patients with heart failure (HF), chronic kidney disease (CKD), and renin-angiotensin-aldosterone system (RAAS) inhibitor therapy.

Although sodium polystyrene sulfonate (Kayexalate®) is widely used for hyperkalemia management, its use has many limitations including:

- A lack of robust randomized clinical trials showing evidence for efficacy and safety
- An association with serious gastrointestinal (GI) injury (e.g. intestinal necrosis)
- Limited use in patients with sodium intake restrictions

Prior to initiating potassium binders, patients should be on a low potassium diet and treated with a potassium-wasting diuretic if appropriate. A dose adjustment of RAAS inhibitor therapies should be attempted in patients with CKD.

Newer potassium binders, patiromer and sodium zirconium cyclosilicate, have more robust clinical trials documenting improved safety profile by reducing serum potassium and maintaining normokalemia in patients with HF and CKD.

RAAS inhibitors were able to be continued in patients with HF and CKD when receiving concurrent patiromer.

Normokalemia was maintained in CKD patients with and without RAAS inhibitors therapy while receiving concurrent sodium zirconium cyclosilicate.

To download the infographic and see citations visit ACC.org/Infographics

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