

For the Treatment of Hyperkalemia, K⁺ BINDERS ARE NOW INCLUDED IN THE KDIGO 2022 GUIDELINE FOR DIABETES MANAGEMENT IN CKD

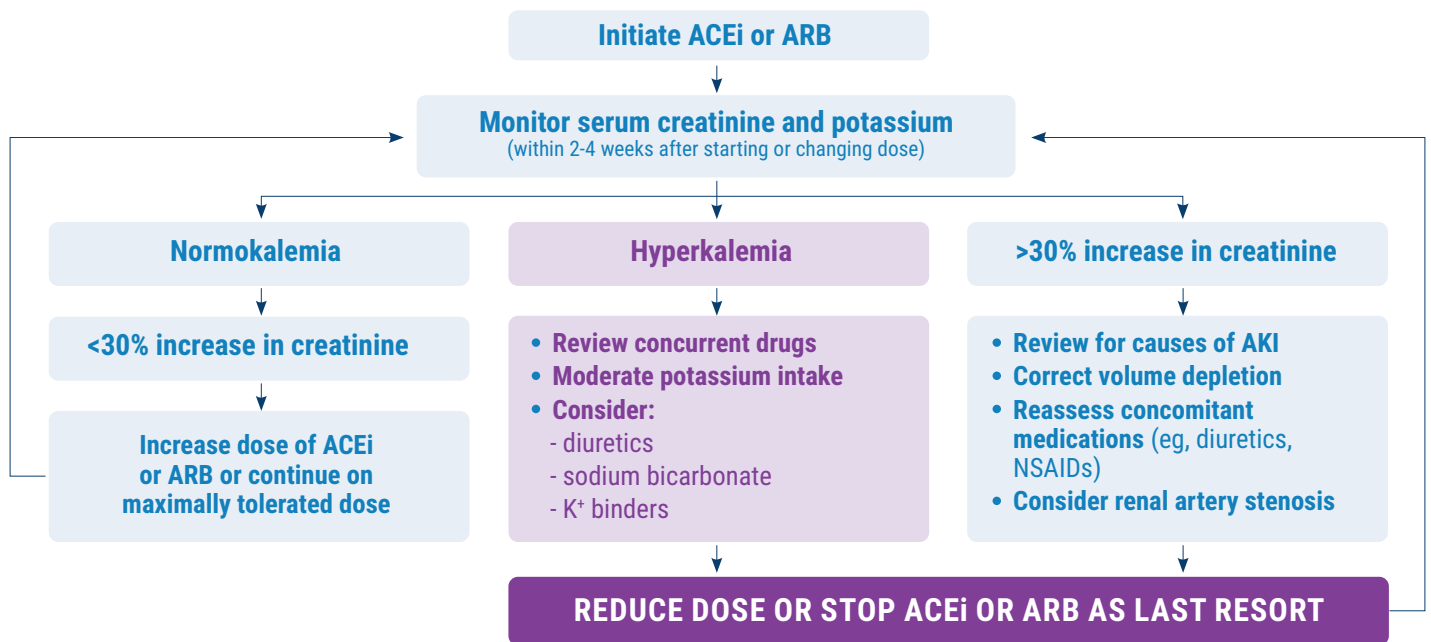
as a treatment option for hyperkalemia associated with ACEi or ARB therapy in patients with diabetes and CKD*



KIDNEY DISEASE: IMPROVING GLOBAL OUTCOMES (KDIGO) 2022 CLINICAL PRACTICE GUIDELINE FOR DIABETES MANAGEMENT IN CHRONIC KIDNEY DISEASE STATES^{1*}:

- Initiate treatment with an ACEi or an ARB in patients with diabetes, hypertension, and albuminuria and titrate these medications to the highest approved dose that is tolerated¹
- Continue ACEi or ARB treatment unless serum creatinine rises by more than 30% within 4 weeks following initiation of treatment or an increase in dose¹
- Recommendations to manage hyperkalemia include: review concurrent drugs, moderate K⁺ intake, initiate diuretics or oral sodium bicarbonate in appropriate patients, and use of K⁺ binders (see figure below)¹
- K⁺ binder may be considered to decrease serum K⁺ levels after other measures have failed, rather than decreasing or discontinuing ACEi or ARB treatment¹

Monitoring of serum creatinine and potassium during ACEi or ARB treatment—dose adjustment and monitoring side effects¹



ACEi=angiotensin-converting enzyme inhibitors; AKI=acute kidney injury; ARB=angiotensin II receptor blocker; CKD=chronic kidney disease; K⁺=potassium; NSAIDs=nonsteroidal anti-inflammatory drugs.

*This guideline is specifically for the management of diabetes in chronic kidney disease, which only represents a subset of patients with hyperkalemia.

Reference: Kidney Disease: Improving global outcomes (KDIGO) diabetes work group. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. *Kidney Int.* 2022;102(5S):S1-S127. doi:10.1016/j.kint.2022.06.088

CONSIDER K⁺ BINDERS FOR THE TREATMENT OF HYPERKALEMIA IN YOUR PATIENTS ON ACEi OR ARB THERAPY.

REVIEW THE KDIGO 2022 CLINICAL PRACTICE GUIDELINE FOR DIABETES MANAGEMENT IN CKD

