KDIGO 2020 GUIDELINE NOW RECOMMENDS K+ BINDERS

for the management of diabetic CKD patients with hyperkalemia on ACEi and ARB therapy*

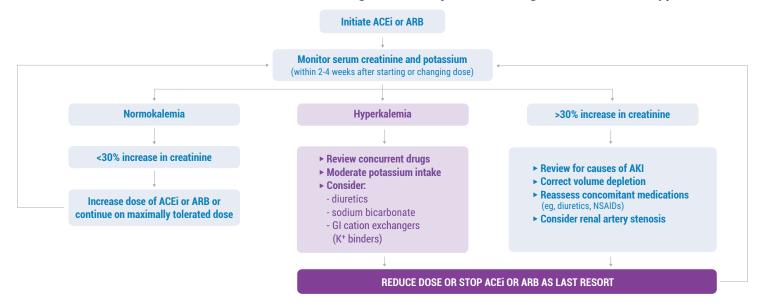


- ▶ ACEi and ARB modification should be a last resort to manage hyperkalemia¹
- ► Hyperkalemia should be **managed with other measures** before considering ACEi or ARB down-titration or discontinuation¹
- ▶ Consider a K⁺ binder for the management of hyperkalemia in patients on ACEi and ARB therapy¹

THE UPDATED
KDIGO 2020
GUIDELINE
FOR DIABETES
MANAGEMENT IN
CHRONIC KIDNEY
DISEASE STATES*1:

- ► In patients with diabetes, hypertension, and albuminuria, ACEi and ARB treatment should be initiated and titrated to the maximum approved dose that is tolerated¹
- ► ACEi and ARB treatment should only be reduced or discontinued if serum K⁺ levels cannot be otherwise managed¹
- ► Recommendations to manage hyperkalemia include reviewing concurrent drugs, moderate K⁺ intake, initiating diuretics or oral sodium bicarbonate in appropriate patients, and use of a gastrointestinal cation exchanger such as a K⁺ binder¹
- ▶ K⁺ binders should be considered to decrease serum K⁺ levels after other measures have failed, rather than decreasing or discontinuing ACEi and ARB treatment¹

KDIGO 2020 recommendations for monitoring and dose adjustment during ACEi and ARB therapy¹



ACEi=angiotensin-converting enzyme inhibitors; AKI=acute kidney injury; ARB=angiotensin II receptor blocker; CKD=chronic kidney disease; GI=gastrointestinal; K'=potassium; NSAIDs=nonsteroidal anti-inflammatory drugs; RAAS=renin-angiotensin-aldosterone system.

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

Reference: 1. KDIGO 2020 Guideline for Diabetes Management in Chronic Kidney Disease. *Kidney Int.* 2020;98(suppl 4):S1-S115.



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

REVIEW KDIGO 2020 GUIDELINE

