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

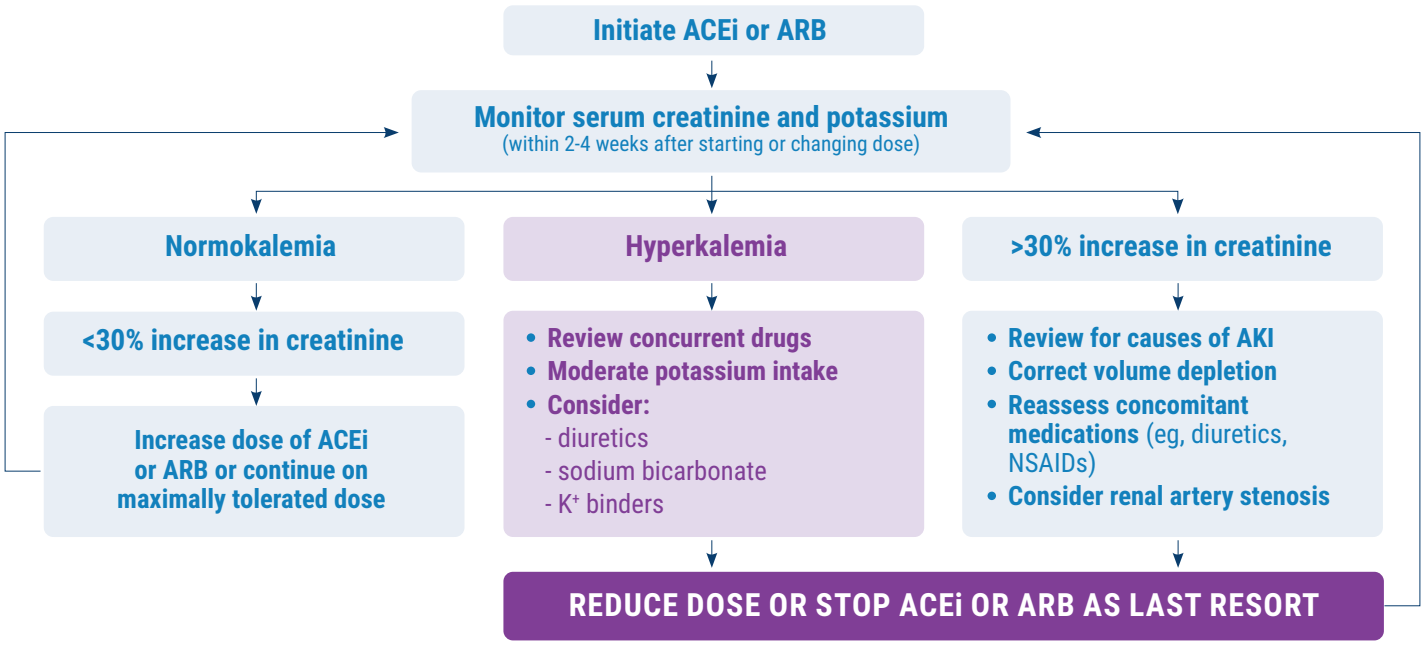
as a treatment option for hyperkalemia associated with ACEi or ARB therapy in patients with diabetes and CKD*



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 tolerated[1]
- Continue ACEi or ARB treatment unless serum creatinine rises by more than 30% within 4 weeks following initiation of treatment or an increase in dose[1]
- 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 treatment[1]

Monitoring of serum creatinine and potassium during ACEi or ARB treatment—dose adjustment and monitoring side effects[1]



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

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Recommendation 1.2.1, Practice Point 1.2.2, Practice Point 1.2.3, Practice Point 1.2.5, and Practice Point 1.2.6.