

ESC guideline

Managing Hyperkalemia may Enable Guideline-recommended RAASi Therapy

- ▶ In patients with heart failure, treatment with the triad of an ACEi/ARNI, a beta blocker and an MRA is recommended as cornerstone therapies
- ▶ **SGLT2i** is recommended for all patients with HFrEF already treated with an ACEi/ARNI, a beta blocker and an MRA, regardless of whether they have diabetes or not; Unless contraindicated or not tolerated
- ▶ Renal dysfunction and hyperkalaemia are the major causes of underuse of RAASi, particularly MRA, in clinical practice
- ▶ **Administration of the Potassium binder, sodium zirconium cyclosilicate or patiromer, may allow RAASi initiation or up-titration in a larger proportion of patients**

Management of patients with chronic or recurrent hyperkalaemia on RAASi therapy

- ▶ RAASi should be optimised when K⁺ levels are <5.0 mmol/L
- ▶ An approved Potassium binder may be initiated as soon as K⁺ levels are confirmed as > 5.0 mmol/L
- ▶ Closely monitor K⁺ levels
- ▶ Maintain K⁺-lowering treatment unless alternative treatment aetiology for hyperkalaemia is identified

K ⁺ level	On-target RAASi dose ^b	Guidance
4.5 to 5.0 mmol/L	No	▶ Initiate/up-titrate RAASi therapy to optimal doses ▶ Closely monitor K⁺ levels
>5.0 to ≤6.5 mmol/L	No	▶ Should initiate treatment with a K⁺-lowering agent^a ▶ Closely monitor K⁺ levels and maintain K⁺-lowering agent^a ▶ If K⁺ <5.0 mmol/L are detected, up-titrate RAASi therapy
	Yes	▶ May initiate treatment with a K⁺-lowering agent ▶ Closely monitor K⁺ levels and maintain K⁺-lowering agent^a
>6.5 mmol/L	Yes or No	▶ Discontinue/reduce RAASi therapy ▶ May initiate treatment with K⁺-lowering agent^a ▶ Closely monitor K⁺

^aPatiromer or sodium zirconium cyclosilicate; ^bDefined as maximal tolerated, guideline recommended target dose of RAASi, which includes ARNI, ACEi, ARB and MRA
McDonagh TA, et al. *Eur Heart J*. 2021;42(36):3599-3726.