



ECNG

Extracorporeal Nephrology Group

An Academic Forum for Nephrologists, DM Trainees,
Physicians, and Healthcare Professionals



POTASSIUM, HEART & DIALYSIS

A changing approach to hyperkalemia

1 DIETARY POTASSIUM & THE HEART



Dietary potassium is not a uniform cardiovascular risk.



Food source, processing, kidney function, medicines and overall diet matter.



Favor individualized advice; avoid blanket restriction of nutrient-rich plant foods.



2 A PARADIGM SHIFT



From automatic restriction and stopping beneficial therapy
→ toward cause-based, individualized potassium control.



Review medicines, constipation, acidosis, glycemic control and dietary sources.



Use potassium binders when appropriate to help maintain indicated RAASi therapy.



3 HEMODIALYSIS: POTASSIUM KINETICS



Predialysis potassium can rise across the long interdialytic interval.



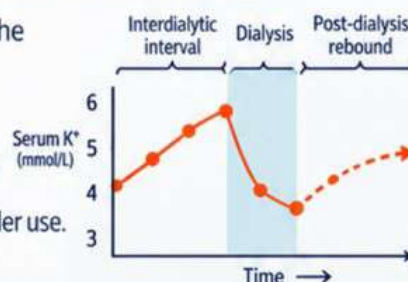
Dialysis rapidly lowers serum K^+ ; post-dialysis rebound follows redistribution.



Balance dialysate K^+ , dietary intake and binder use.



Aim for control without hypokalemia.



4 DIALIZE-OUTCOMES: WHAT DID IT SHOW?



SZC improved potassium control in hemodialysis patients.



No demonstrated reduction in arrhythmia-related cardiovascular events.



The trial stopped early: low event rate (~33% of planned) and frequent treatment discontinuation.



Interpretation: cardiovascular benefit remains uncertain; early termination limits conclusions.



CONTROL THE POTASSIUM. PROTECT THE PATIENT. AVOID HYPOKALEMIA.

Evidence discussion • Individualize care and monitor serum potassium