



# KDIGO 2024 Clinical Practice Guideline

## KDIGO 2024 Guidelines - CKD pasienter med hyperkalemi:

- Hyperkalemi skal ikke lenger være en barriere for optimal RAASi-behandling
- Bruk K<sup>+</sup> bindere før en evt nedtitrering eller seponering av ACEi / ARB

### 1st line: Address correctable factors

- Review non-RASi medications (e.g. NSAIDs, trimethoprim)
- Assess dietary potassium intake (dietary referral) and consider appropriate moderation of dietary potassium intake

### 2nd line: Medications

- Consider:
- Appropriate use of diuretics
  - Optimize serum bicarbonate levels
  - Licensed potassium exchange agents

### 3rd line: Last resort

- Reduce dose or discontinue RASi/MRA (Discontinuation is associated with increased cardiovascular events. Review and restart RASi or MRA at a later date if patient condition allows.)

Actions to manage hyperkalemia (potassium >5.5 mmol/l) in chronic kidney disease. MRA, mineralocorticoid receptor antagonists; NSAID, nonsteroidal anti-inflammatory drug; RASi, renin-angiotensin system inhibitors.

**KDIGO 2024 Guideline anbefaler tiltak for å redusere kaliumnivået ved hyperkalemi - ikke redusere eller stoppe RAASi**

Referanser: Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 clinical practice guideline for evaluation and management of chronic kidney disease. Kidney Int. 2024;105(4S):S117-S314.

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