

HYPERKALAEMIA

A serious, recurrent disorder in need of better long-term treatments

Hyperkalaemia often has no warning signs until there are serious consequences:¹



Cardiac arrhythmias

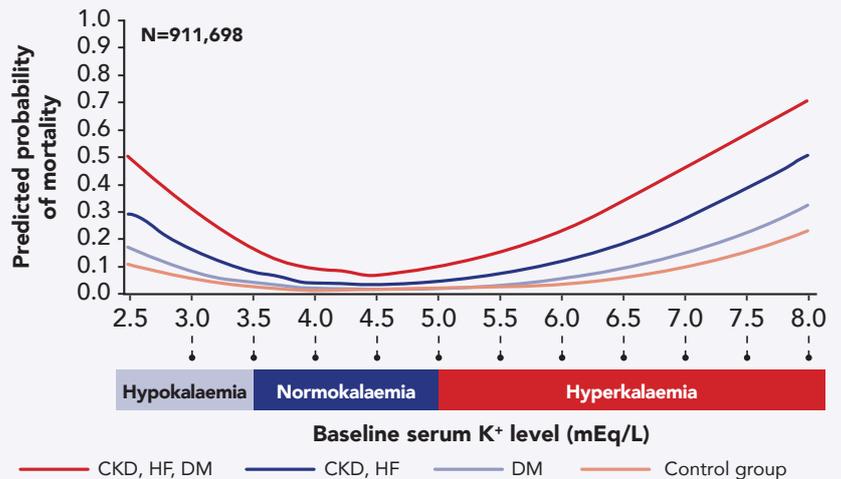


Sudden death

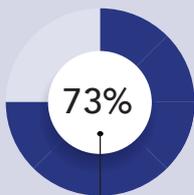


Emergency department visits & hospitalisations

Elevated K⁺ is associated with an increase in all-cause mortality^{2,3}



Patients with chronic kidney disease (CKD) and/or heart failure (HF) with/without diabetes are at high risk for hyperkalaemia;⁴ therefore, it is important to monitor K⁺ levels in these populations

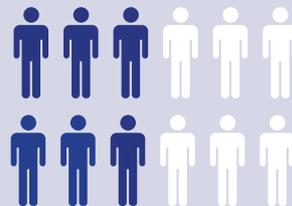


stage 3-4 CKD patients⁵



chronic HF patients⁵

...are at risk of elevated serum K⁺ levels



~50%

of these patients with hyperkalaemia had 2 or more recurrences within 1 year⁵

Diabetes mellitus further elevates prevalence of HK in patients with HF and CKD⁶



Hyperkalaemia is one of the principal reasons for reducing or stopping RAASi therapy

Patients on a maximal dose of a RAAS inhibitor (RAASi) were down-titrated to a submaximal dose or the RAASi was discontinued...

47%

of the time after moderate-to-severe hyperkalaemia events

38%

of the time after mild events⁹



In a targeted retrospective chart review of 1,457 European patients experiencing ≥2 HK episodes within 12 months, 1 in 3 hospitalisations were hyperkalaemia related⁷



This already elevated risk of hyperkalaemia in patients with CKD and/or HF, with/without diabetes is greatly increased when they take RAASi therapy⁸

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But RAASi therapy in patients with CKD and HF provides critical, life-saving benefits:¹⁰



Significant renal protection in patients with CKD (with proteinuria)¹¹



Improved HF outcomes¹²



Beneficial effects in diabetic nephropathy¹³

Stopping or reducing RAASi therapy in at-risk populations is associated with consistently worse outcomes for patients⁹

Epstein *et al.* (2015) showed an association between submaximal RAASi use and adverse outcomes irrespective of comorbidity status⁹

This poses a dilemma for physicians when treating patients:



Prescribe RAASi and accept the occurrence of hyperkalaemia?

OR



Discontinue RAASi therapy (or reduce RAASi dosage) and lose the benefits of the clinical outcomes?

Existing treatments (SPS, CPS, Low-K diet, loop diuretics) are either ineffective, poorly tolerated, or not suitable for long-term use¹⁴

New options are needed for the long-term management of hyperkalaemia in patients with CKD and/or HF, with/without diabetes, to enable patients to receive optimal RAASi therapy, and potentially to improve outcomes

Abbreviations: CKD, chronic kidney disease; CPS, calcium polystyrene sulphonate; CV, cardiovascular; DM, diabetes mellitus; HF, heart failure; HK, hyperkalaemia; RAASi, renin-angiotensin-aldosterone system inhibitor; SPS, sodium polystyrene sulphonate; T2DM, type 2 diabetes mellitus.

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Therefore, before prescribing any product, always refer to local materials such as the prescribing information and/or the Summary of Product Characteristics (SPC).

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