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Optimizing Potassium Management for Cardio-kidney- metabolic Complications

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The real-world data observed that the use of guidelines-directed medical therapies such as renin-angiotensin aldosterone system inhibitors (RAASi) in cardiovascular-kidney-metabolic complications are very often suboptimal due to dyskalemia complications. A significant proportion of the subjects may either have RAASi dose reduced or more often these medications discontinued when developing hyperkalemia during treatment. Discontinuation of RAASi in subjects hospitalized with heart failure was associated with increased post-discharge mortality and re-hospitalization rates while optimal dosing of RAASi significantly reduced median hospital stays, outpatient visits and related costs. Thus, effective treatment is required to lower potassium level and maintain normokalemia in subjects with heart failure, diabetes and chronic kidney disease who develop or at risk of hyperkalemia. This is essential in enabling them to continue their RAASi therapy and maximizing the benefits from RAASi therapy. In my talk, I will provide an updated discussion on the various strategies effective in optimizing potassium management in patients with cardio-kidney-metabolic complications for better clinical outcomes.

Keywords: -