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Managing the Ongoing Risk of Hyperkalemia with Sodium Zirconium Cyclosilicate (SZC), LOKELMA

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This study focuses on the clinical risks and management of hyperkalemia in patients with cardiorenal comorbidities, with particular emphasis on the therapeutic role of sodium zirconium cyclosilicate (SZC). Hyperkalemia is commonly observed in patients with chronic kidney disease (CKD), heart failure (HF), and diabetes mellitus, and is associated with a high recurrence rate, as well as increased risks of mortality and hospitalization. Moreover, hyperkalemia often limits the optimal use of renin–angiotensin–aldosterone system inhibitors (RAASi), which are essential for improving cardiovascular and renal outcomes. SZC, a non-absorbed potassium binder, has demonstrated rapid reduction of serum potassium levels within 48 hours. Evidence from randomized controlled trials and real-world data indicates that SZC effectively achieves and maintains normokalemia across diverse patient populations, including those receiving RAASi therapy. Importantly, the use of SZC enables a majority of patients to continue or optimize RAASi treatment, thereby improving clinical outcomes. In conclusion, hyperkalemia remains a significant and ongoing clinical challenge in cardiorenal patients. SZC provides an effective and well-tolerated therapeutic option for rapid and sustained potassium control, facilitating adherence to guideline-recommended RAASi therapy and potentially reducing adverse clinical events.

Keywords: Hyperkalemia, Sodium Zirconium Cyclosilicate (SZC)