



DOCTOR DISCUSSION GUIDE

Managing Hyperkalemia

To make sure your risk of developing any complications from hyperkalemia is low, you and your doctor should work together to ensure that your potassium levels stay optimum. Asking the right questions during your conversation will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

Vocabulary to Know

Your doctor might mention these common terms. Here's what they mean.

Potassium Homeostasis	The state of potassium equilibrium that your body maintains by matching how much potassium you consume with how much your cells use and your kidney excretes. With hyperkalemia, this balance is disturbed because the kidney can no longer regulate the potassium properly.
Chronic Kidney Disease (CKD)	One of the major causes of hyperkalemia.
Seum Potassium (K)	Potassium is sometimes referred to as Serum Potassium or simply "K" in medical settings.
ECG	Also known as an electrocardiogram or EKG, ECG is a test that checks your hearts rate, rhythm, and other activities. It is one of the tests used to diagnose and monitor hyperkalemia.
RAAS Inhibitors	Drugs that target and inhibit the renin-angiotensin-aldosterone system and are another major cause of hyperkalemia. Examples of RAAS inhibitors are angiotensin-converting enzyme (ACE) inhibitors, angiotensin-receptor blockers (ARBs), and direct renin inhibitors. They are usually used to treat hypertension, heart, and chronic kidney disease.
Acute Hyperkalemia	This refers to hyperkalemia that happens as just one single episode. Basically, it's caused by one single thing or event, and it doesn't need ongoing management once it's treated and the initial cause is resolved.
Chronic Hyperkalemia	This refers to long-term hyperkalemia. It is usually caused by reduced kidney function and it requires continuous/ongoing treatment. Chronic hyperkalemia is also referred to as recurrent hyperkalemia.
Aldosterone	A hormone that's partly responsible for the maintenance of potassium homeostasis in the body.



Questions to Ask

These questions will help you start a conversation with your doctor about how to best manage your hyperkalemia.

About Symptoms

- I understand that hyperkalemia often doesn't have any symptoms or warning signs, but are there any things I should watch out for just in case?
- I know that hyperkalemia can sometimes cause heart attacks and problems if my potassium levels get really high. How do I know if I'm having a heart attack or cardiac arrest?

About Causes & Risk Factors

- Besides from having chronic kidney disease and using RAAS inhibitors, what other factors increase my risk of having hyperkalemia?
- Considering my medical history and risk factors, what are my chances of developing chronic hyperkalemia?
- How often do I have to experience hyperkalemia for it to be considered recurrent?

About Diagnosis

- Can you walk me through my ECG test results?
- Are there any conditions linked to hyperkalemia that I may need to test for?
- How often do I have to come in for tests to monitor my potassium levels?

About Treatment

- Do I have to stop using the medications I'm on to treat my heart disease or chronic kidney disease?
- Are there any other drugs I should discontinue using or change my dosage of?

About Living With Hyperkalemia

- Do I have to be on a special diet to keep my potassium levels low?
- What foods and drinks should I avoid, if any?
