



MANAGEMENT OF HYPERKALEMIA AND ENABLEMENT OF GUIDELINE-RECOMMENDED RAASI THERAPY IN THE DIABETIC CARDIORENAL PATIENT – PRACTICAL CONSIDERATIONS

January 22, 2021, 5:45 pm – 6:45 pm CST

Chair: **Javed Butler**, *Jackson, MS, USA*

- ▷ **Welcome and introduction** - **Javed Butler**, *Jackson, MS, USA*
- ▷ **Limitations of current hyperkalemia management strategies in the diabetic cardiorenal patient – a cardiologist’s perspective** - **Biykem Bozkurt**, *Houston, TX, USA*
- ▷ **Limitations of current hyperkalemia management strategies in the diabetic cardiorenal patient – a nephrologist’s perspective** - **Patrick Rossignol**, *Nancy, France*
- ▷ **A practical approach to hyperkalemia management and RAASi enablement in the diabetic cardiorenal patient** - **Ileana L. Piña**, *Detroit, MI, USA*
- ▷ **Interactive panel discussion** - All faculty
- ▷ **Conclusion** - **Javed Butler**, *Jackson, MS, USA*

EDUCATIONAL OBJECTIVES

- Recognize the importance of hyperkalemia as a threat to patient safety and as a barrier to optimal renin–angiotensin–aldosterone system inhibitor (RAASi) therapy in patients with kidney disease, heart failure and/or type 2 diabetes
- Discuss the cardiac and renal benefits of guideline-recommended RAASi therapy with a focus on mineralocorticoid receptor antagonists (MRAs)
- Highlight the suboptimal use of MRAs observed in clinical practice and the limitations of current strategies for the management of chronic hyperkalemia
- Understand the need for close monitoring of serum potassium in patients receiving RAASi therapy
- Evaluate the role of novel potassium binders in optimizing MRA therapy in patients with risk factors for hyperkalemia

