

Dietary Approaches to Hyperkalemia



ASPC
The American Society for Preventive Cardiology



HFA
Heart Failure Association
European Society of Cardiology



INTERNATIONAL SOCIETY OF NEPHROLOGY



RPA
Renal Physicians Association

What to Recommend to Patients:

A Balanced Diet is Important:



Balanced diet with fruits, vegetables, legumes, whole grains (base-producing, insulin-stimulating, high fiber content): ↓ K⁺ bioavailability)



Limit processed meat (acid-producing: ↑K⁺ bioavailability)



There are no "good" and "bad" foods. Encourage portion control, promote whole foods

Food preparation affects K⁺ content:



Foods w/ preservatives or additives, salt substitutes, and some supplements are high in K⁺



Double boiling (discard cooking water) decreases K⁺ content



Limit ultraprocessed foods – they often contain K⁺ additives



Drying food concentrates K⁺

Other Considerations:



Control blood sugar and acidosis



Treat constipation to enhance gastrointestinal K⁺ excretion:

- High fibre diet
- Balanced diet with physical activity
- Adequate fluid intake
- Use laxatives safe in CKD⁵



Refer to dietitian for individualized nutrition care for patients with advanced CKD

Potassium Misconceptions:

Myth 1: Restricting dietary K⁺ is useful to prevent hyperkalemia

- What we now know: Dietary K⁺ intake does not correlate well with serum K⁺ but serum K⁺ may be transiently elevated after high K⁺ meal
- Therefore, avoid extreme restriction of dietary K⁺

Myth 2: Avoid fruits and vegetables – the main sources of dietary K⁺

- What we now know: K⁺ is ubiquitous - meat, dairy, whole grains, legumes, and additives in processed foods are also significant sources²
- Despite K⁺ content, bioavailability varies depending on the food source

Myth 3: Dietary potassium 'budget' should be spent on animal protein

- What we now know: There is insufficient evidence to recommend a particular protein type³
- Follow nutritionally and culturally sound recommendations