### Dietary Approaches to Hyperkalemia

**What to Recommend to Patients:**

**A Balanced Diet is Important:**

<table>
<thead>
<tr>
<th>Balanced diet with fruits, vegetables, legumes, whole grains (base-producing, insulin-stimulating, high fiber content: ↓K+ bioavailability)</th>
<th>Limit processed meat (acid-producing: ↑K+ bioavailability)</th>
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<td>There are no &quot;good&quot; and &quot;bad&quot; foods. Encourage portion control, promote whole foods</td>
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**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: |
| Refer to dietitian for individualized nutrition care for patients with advanced CKD | - High fibre diet |
|  | - Balanced diet with physical activity |
|  | - Adequate fluid intake |
|  | - Use laxatives safe in 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 sources
- 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 type
- Follow nutritionally and culturally sound recommendations

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