

Nuts & Bolts of RAASi Therapy in the Intersection of Kidney and Cardiovascular Diseases

ACEi, ARB, sMRA*, nsMRA, ARNi* (*for managing heart failure only)

Indications for RAASi

Hypertension



Diabetes with CKD



Chronic Kidney Disease



Heart Failure



For all indications: avoid any combination of ACEi, ARB, direct renin inhibitor

Early Monitoring

Monitor kidney function and electrolytes at start and 2 - 4 weeks following RAASi initiation or dosage adjustments RAASi:

- Creatinine

- Potassium (K⁺)

- Bicarbonate

*Consider creatinine rise up to 30 % as an appropriate hemodynamic change

Long-Term Management

- Closely follow the labs for the items in the "Early Monitoring" box above until they are in safe ranges
- Include monitoring of kidney function and electrolytes (creatinine, potassium and bicarbonate) during routine visits
- Up-titrate RAASi to maximally tolerated, evidence-based doses
- Mitigate the risk of hyperkalemia with preventive measures (continuous review of concomitant drugs, diet, use of diuretics, acidosis correction and K⁺ binders) to ensure optimal RAASi utilization

Potential Issues

- **Hyperkalemia** – if hyperkalemia arises, manage according to [this tool](#). Discontinue RAASi as a last resort
- **Acute decline in kidney function:** if increase in creatinine occurs, manage according to [this tool](#). Discontinue RAASi as a last resort
- **Metabolic acidosis:** review diet and reduce intake of animal protein and processed foods. Consider prescription of oral bicarbonate