

IN ACUTE SEVERE HYPERKALAEMIA: EVALUATION OF
USE CONDITIONS AND EFFECTIVENESS

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BACKGROUND AND IMPORTANCE

Sodium zirconium cyclosilicate (SZC) is approved for chronic hyperkalaemia in adults. In October 2024, our centre approved its emergency use for acute hyperkalaemia (AHK) in patients on standard therapy with serum potassium >6.5 mmol/L, ECG changes, and intolerance to ion-exchange resins.

AIM AND OBJECTIVES

To evaluate the **conditions of use and effectiveness** of SZC as an off-label treatment in AHK.

MATERIALS AND METHODS

Retrospective observational study


Study population: adult patients treated with SZC from October/24 to May/25 in a tertiary hospital.


Variables analyzed:

- Demographic, clinical, laboratory and prior treatment with hypokalaemic agents (calcium gluconate, insulin and intravenous glucose) and whether the use of ion-exchange resins was considered inadequate.
- Effectiveness was measured as serum potassium reduction in 24 hours.

Continuous variables were expressed as median (interquartile range) and categorical variables as absolute number of cases (percentages).

RESULTS

13 patients with AHK secondary to renal failure.

Demographics:

- Median age 64 years
- Sex: 11 (84.6%) male

Effectiveness*: median potassium decreased from 6.1 to 5.26 mmol/L at 24h (median reduction 0.79 mmol/L; IQR 0.7).

*One patient was excluded from effectiveness analysis due to death before evaluation.

| Variable | n (%) |
|---------------------------------------|-----------|
| Srm potassium >6.5 mmol/L | 2 (15.4%) |
| ECG changes | 6 (46.1%) |
| Calcium gluconate prior treatment | 9 (69.2%) |
| Insulin + IV dextrose prior treatment | 8 (31.5%) |

CONCLUSIONS AND RELEVANCE

- Adherence to local prescribing criteria was suboptimal, with a **tendency toward early initiation**.
- SZC appears to be an **effective adjunct to standard therapy in acute severe hyperkalemia** due to renal failure, achieving near-normal serum potassium levels within 24h.

