

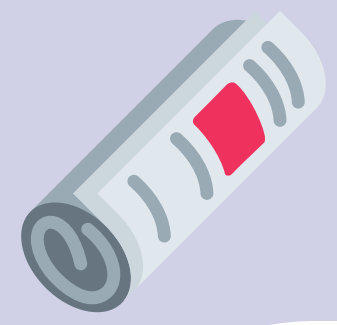


REAL-LIFE EFFECTIVENESS OF SODIUM ZIRCONIUM CYCLOSILICATE FOR THE TREATMENT OF HYPERKALEMIA

Gemeno López E¹, Montero Llorente B¹, Piris González M², Sánchez Iglesias JF², Gómez Bayona E¹, Álvarez-Díaz AM¹

¹Pharmacy Department. Hospital Ramón y Cajal, IRYCIS. Madrid. Spain

²Nephrology Department. Hospital Ramón y Cajal, IRYCIS. Madrid. Spain



Background and importance

Hyperkalemia is a common electrolyte disorder with potentially serious consequences in short, medium and long term



Aim and objectives

To evaluate the real-life effectiveness of **sodium zirconium cyclosilicate (SCZ)** as a treatment for acute hyperkalemia

Material and methods

Observational, retrospective, multidisciplinary study carried out in a tertiary hospital from December 2023 to February 2024. All **SCZ prescriptions** in hospitalized patients were reviewed. Variables collected were:



Sociodemographic, clinical and analytical variables



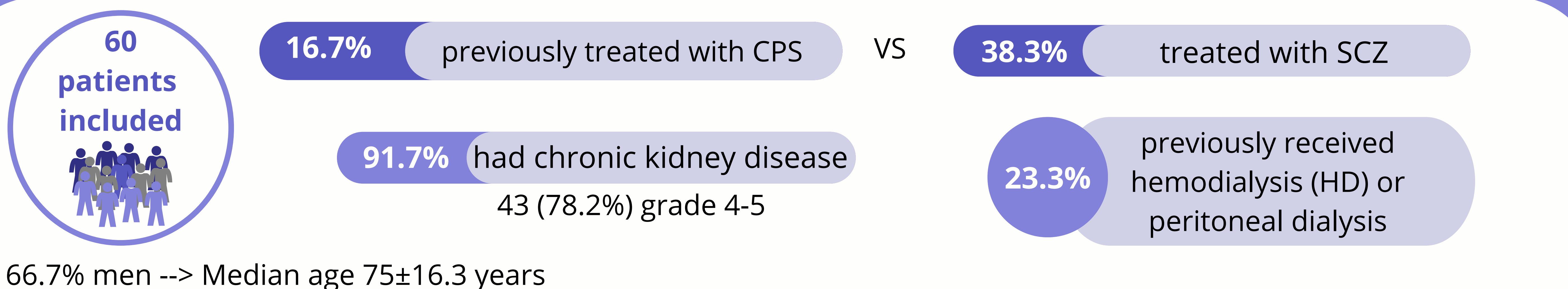
Doses of SCZ used, **previous treatment** with SCZ or calcium polystyrene sulfonate (CPS)



Readmissions in the **30 days** after discharge due to **hyperkalemia**

The data were obtained from the electronic prescription program and the electronic medical records

Results



Potassium levels

43 (71.7%) presented hyperkalemia during the admission

Mean blood potassium value
5.82 mmol/L

A mean of **36.5 ±35 hours** until **normalizing** was necessary.



Previous treatment

Eight of them (18.6%) previously took **SCZ**.

Four patients without previous HD (8.7%) **needed a session to reduce potassium levels**



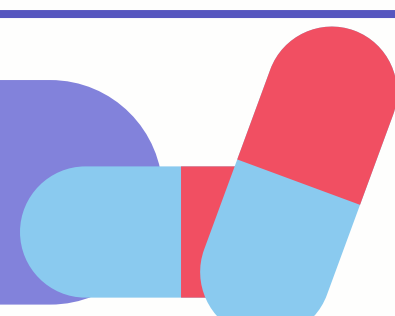
Dosage during admission

Most frequent **initial dose** was **10g/24h (37.8%)**

VS

Most frequent **maintenance dose** was **10g/24h (35.1%)** followed by **5g/24h (32.4%)**

At discharge



22 (95.6%) patients on **previous SCZ treatment maintained it**

Among those who **initiated SCZ**, **12 (32.4%) maintained it**

1 discontinued treatment and continued with CPS

most common doses:
5g/24h (62.2%) and
10g/24h (18.9%)

Five patients (8.3%) were readmitted with **hyperkalemia** in the 30 days after discharge

In 4 (80%) SCZ had **not been prescribed at discharge**

Conclusions

SCZ is an effective drug to **normalize potassium** levels in an average of **36 hours**.
Less than 10% of patients without previous **HD** **needed a session** to normalize levels.
Only **one third** of patients who started treatment maintained it at discharge.