

RISK OF HYPOKALAEMIA IN HOSPITALISED PATIENTS ASSOCIATED WITH THE COMBINATION OF DIURETICS

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1. Background and importance

Loop diuretics and thiazides are commonly known to cause hypokalemia. Several cases of hypokalemia were discovered in patients undergoing diuretic treatment during pharmaceutical validation.

2. Aim and objectives

Study the risk of hypokalemia in hospitalized patients receiving ≥ 2 diuretics.

3. Material and methods

Design

Descriptive.
Retrospective.

Date

From 08-2022 to 07-2023.

Outcome

Proportion of patients with hypokalemia.

Inclusion criteria

Admissions with ≥ 2 diuretics for ≥ 2 consecutive days with ≥ 2 serum potassium (K^+) levels.

Diuretic-associated hypokalemia

Defined as K^+ levels $< 3.5 \text{ mEq/dL}$ at least 2 days after initiating treatment with ≥ 2 diuretics.

Drugs

Diuretics: furosemide (F), hydrochlorothiazide (H), eplerenone (E), spironolactone (S).
 K^+ supplement (PS): K^+ hydrogen carbonate and K^+ chloride.

4. Results

Results in Table 1.

	Total	Hypokalemia n(%)
Admissions	517	211(40.8;IC95 36.6-45.0)
F + H	138	82(59.4;IC95 51.2-67.6)
F + S	131	56(42.7;IC95 34.3-51.2)
F + E	140	58(41.4;IC95 33.3-49.6)
F + H + S	42	7(16.7;IC95 5.4-27.9)
Other associations	66	8(12.1;IC95 4.2-20)

PS had to be added to 124(58.8%) of patients that developed hypokalemia.

5. Conclusion and relevance

Almost $\frac{1}{2}$ admissions developed hypokalemia. F was involved in every treatment.

F + H was the combination more commonly associated with hypokalemia.

Loop + potassium-sparing diuretics also leads to hypokalemia despite S or E.

More than half of admissions required the addition of PS.

Potassium levels should be monitored regularly in all patients receiving diuretic treatment with ≥ 2 drugs.

6. References and/or Acknowledgements

No conflict of interest.

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