

The POTASSIUM PROBLEM in HEMODIALYSIS

Interprofessional Approaches to Hyperkalemia Management in ESRD

OVERVIEW

This Grand Rounds series is targeted to physician specialists in nephrology, cardiology, emergency medicine, and primary care, as well as pharmacists, nurses, nurse practitioners, and physician assistants who manage patients with ESRD.

TARGET AUDIENCE

Specialists in nephrology, cardiology, emergency medicine, and primary care, as well as pharmacists, nurses, nurse practitioners, and physician assistants.

AGENDA

5 min	Welcome and Introductions/Pre-test
10 min	Hyperkalemia in Hemodialysis: Pathophysiology, Risk Factors, and Clinical Gravity
20 min	A Paradigm Evolved: The Emerging Role of K ⁺ Binders in End Stage Renal Disease
20 min	Meeting Complexity with Collaboration: A Team-based Approach for Managing K ⁺ in Dialysis Patients
5 min	Conversations with the Experts/Q&A/Post-test

LEARNING OBJECTIVES

At the conclusion of this application-based activity, participants will be able to:

1. Describe the pathophysiology of hyperkalemia in end stage renal disease (ESRD), especially in patients receiving hemodialysis, and discuss the immense morbidity and mortality implications of elevated predialysis K⁺ levels.
2. Review traditional strategies for managing serum K⁺ in ESRD patients receiving dialysis and identify the pivotal shortcomings of these standard approaches.
3. Examine novel pharmacologic treatment approaches for reducing the incidence of predialysis hyperkalemia, including an appraisal of completed and ongoing clinical trials and recent FDA approvals.
4. Using a case-based format, apply evolving, interprofessional management strategies to prevent and manage hyperkalemia in ESRD patients receiving hemodialysis, with a focus on the promising role of K⁺ binders.

FACULTY BIO



Katherine E. Di Palo, PharmD, FAHA, FHFA, BCACP, BCGP
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Dr. Katherine E. Di Palo is a Clinical Pharmacy Specialist and clinical program manager for the Hospital Readmissions Reduction Program at Montefiore Medical Center. After receiving her Doctor of Pharmacy from the University at Buffalo she completed a post-graduate residency in Pharmacy Practice and obtained Board Certification in Ambulatory Care and Geriatrics.

Dr. Di Palo is the current Chair of the American Heart Association Council on Clinical Cardiology Clinical Pharmacology Committee and is an active member of the Heart Failure Society of America Advocacy Committee.

PLANNER AND FACULTY DISCLOSURES

In accordance with the Food and Drug Administration, the speakers have disclosed that there is the potential for discussions concerning off-label uses of a commercial product/device during this educational activity.

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PLANNERS

Estella Davis, PharmD—has no relevant financial relationships to disclose in relation to the content of this activity.

Csaba P. Kovesdy, MD—has disclosed that he is a consultant for AstraZeneca, Bayer, Cara Therapeutics, Reata, Takeda, and Tricida; receives grant/research support from Relypsa.

Barbara Odom BSN, RN, CDN—has no relevant financial relationships to disclose in relation to the content of this activity.

PRESENTERS

George Bakris, MD—has disclosed that he is a consultant for Alynlam, AstraZeneca, Bayer, Ionis, Merck, Novo-Nordisk, Janssen, Relypsa, and Vifor; receives grant/research support from Novo Nordisk and Vascular Dynamics.

Katherine E. Di Palo, PharmD, FAHA, FHFSA, BCACP, BCGP—has disclosed that she receives grant/research support from Vifor

Csaba P. Kovesdy, MD—has disclosed that he is a consultant for AstraZeneca, Bayer, Cara Therapeutics, Reata, Takeda, and Tricida; receives grant/research support from Relypsa.

Matthew R. Weir, MD—has disclosed that he is a consultant for AstraZeneca, Bayer, Boehringer Ingelheim, Janssen, Merck, Novo Nordisk, and Vifor.

PEER REVIEWERS

Terri Cook, PharmD, BCPC, AACC—has no relevant financial relationships to disclose in relation to the content of this activity.

Debra K. Moser, PhD, RN, FAAN—has no relevant financial relationships to disclose in relation to the content of this activity.

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