Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/potassium-ckd-risks-sources-patient-factors/54817/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Dietary Potassium in CKD: Navigating Risks, Sources, and Patient Factors

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Deborah Clegg, who's the Vice President for Research and a Professor in the Department of Internal Medicine at Texas Tech University Health Sciences Center in El Paso, as well as a Dietitian. She'll be discussing how we can navigate the benefits and risks of dietary potassium in patients with chronic kidney disease, which she spoke about at the 2026 National Kidney Foundation Spring Clinical Meeting. Here's Dr. Clegg now.

Dr. Clegg:
Reflexively, we just think all potassium is exactly the same, but in actuality, consuming potassium that comes from a food source is completely different than consuming potassium that comes from an additive. So there's a lot of information recently about this interesting evidence that perhaps consuming diets that are rich in potassium can actually be heart healthy as well as kidney friendly. And so we're still recognizing and trying to understand what the optimal amount of potassium is that needs to be consumed for individuals that have failing kidneys.

So the potassium bioavailability is different between a food item and then potassium supplements. The bioavailability of a potassium supplement is about 90 percent, whereas the bioavailability of potassium in an enriched food, such as a banana, could be as low as 50 to 60 percent. And the difference in this bioavailability means that after you've consumed that product, how quickly do you actually get an increase in serum potassium? So having a potassium bioavailability of closer to 90 percent means as soon as you consume that food with that potassium supplement, you will have a rapid rise in your serum potassium. Whereas if you eat a banana, as an example, you would have a slower rise in overall serum potassium. And so this is becoming something that people are paying attention to. We want to encourage individuals to eat diets that are rich in fruits and vegetables. And perhaps avoiding those types of foods that are enriched with potassium additives might make a lot of sense, especially when we're looking at trying to reduce the risk of hyperkalemia.

But risk varies based on kidney stage. For example, the more residual kidney function you have, the higher the amount of dietary potassium one could estimate that you'd be able to consume. Stated a different way, the lower the residual kidney function or the less amount of kidney function, the more the potential concern might be with respect to dietary potassium.

Additionally, it's not only kidney function, but there could be other comorbidities that would also influence how much potassium an individual could be able to consume. Finally, there are medications, such as the renin-angiotensin system inhibitors, that can influence potassium balance, and there are also other contributors such as metabolic acidosis, diabetes, and dietary patterns.

So all of these combine to make sure that we actually pay attention to the whole patient--the medication they're on, their kidney failing risk, and their other conditions and comorbidities. We take the entire patient to begin to address how much potassium might be appropriate for that specific individual.

Announcer:
That was Dr. Deborah Clegg talking about the benefits and risks of dietary potassium in patients with chronic kidney disease. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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