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The information in the leaflet was valid at the date of production Oct 2020 and is due for review in Oct 2022

Leaflet code: A-H-20-637



Hypokalemia

Information for Service Users

Helping people to be
the best they can be

Hypokalemia refers to the condition in which the concentration of potassium levels in the blood is low. This can cause serious physical health symptoms and may even result in death.

Why is potassium so important?

Potassium is an electrolyte, one of the essential salts needed for body growth and maintenance. In fact just about all bodily functions depend on it to some extent. It plays an essential role in the response of nerves to stimulation and helps to regulate muscle contractions - including contractions of the heart. In practical terms it is needed to aid blood pressure regulation, convert glucose to glycogen, to maintain a healthy heart, kidneys and liver as well as helping to lower the risk of stroke.

Where does potassium come from?

Potassium is found in various food sources including: bananas, orange juice, meat, fish, dairy products, potatoes and whole grain.

So what can cause hypokalemia?

Hypokalemia can result from a variety of medical conditions. Certain medications can accelerate the removal of potassium from the body (diuretics). Often within eating disorders a person may abuse diuretics with the view that this will cause weight loss, which it does not.

More commonly within eating disorders, Hypokalemia is caused as a result of purging behaviours such as laxative abuse and induced vomiting.

Diarrhoea due to laxative abuse causes the body to become dehydrated, and therefore electrolyte imbalances occur as potassium is lost due to the associated heavy fluid loss.

Acid loss that accompanies vomiting also has the effect of provoking an increase in potassium loss in the urine. Continual vomiting can cause excessive loss of potassium from the body and result in hypokalemia.

How is hypokalemia diagnosed?

Potassium levels are measure via a blood test. Normal blood potassium levels are between 3.5 – 5.5mmol.

What are the symptoms of hypokalemia?

Mild hypokalemia often occurs without symptoms.

Moderate hypokalemia (between 2.5 – 3 mmol) can result in confusion, disorientation, weakness, and discomfort of muscles. It can also cause cramps during exercise and constipation.

Severe hypokalemia (levels below 2.5mmol) results in extreme weakness of the body and, on occasion, paralysis. The paralysis that occurs is 'flaccid paralysis' or limpness. Paralysis of the muscles of the lungs results in death.

Severe hypokalemia can also cause an abnormal heartbeat (arrhythmia) which can lead to death through cardiac arrest (stopping of the heartbeat).

How can it be treated?

There are a number of ways to treat hypokalemia. The best and safest method is to stop the cause by reducing the frequency of purging. If after significant efforts have been made to achieve this it remains too difficult then the alternative treatments are:

- To replace the lost potassium with supplements
- To reduce the acid content of the stomachs secretions thereby reducing the need for the kidney to secrete potassium-using medication e.g. lansoprazole
- To reduce the amount of potassium lost in urine –using a potassium sparing diuretic

These methods require close monitoring, good communication with the treating clinicians and regular blood tests.

How can hypokalemia it be prevented?

Hypokalemia is generally not a concern if a person eats a healthy balanced diet. Within the treatment of eating disorders, where dietary intake is restricted or restrained, and accompanied by purging behaviours, regular monitoring of potassium levels in the blood is essential.

Appropriate risk assessments will be completed and a care plan to manage hypokalemia, in the event of it occurring, will be implemented. We have an expectation that professionals and service users need to work collaboratively so to avoid possible life threatening consequences.