

## **Supplementary material – Gritter *et al.***

**Table S1:** Baseline characteristics associated with a smaller or larger increase in plasma potassium after KCl supplementation.

**Table S2:** Treatment of participants with plasma potassium > 6.0 mmol/L after KCl supplementation.

**Figure S1:** Flowchart of screened and included patients.

**Figure S2:** Change in urine potassium ( $K^+$ ) excretion in participants with or without an increase in plasma  $K^+$  after KCl supplementation.

**Figure S3:** Change in plasma potassium ( $K^+$ ) after KCl supplementation classified by sex, presence of diabetes mellitus, and the use of renin-angiotensin inhibitors, beta blockers, or diuretics.

**Figure S4:** Correlations between the change in plasma potassium ( $K^+$ ) after KCl supplementation with age and selected baseline laboratory measurements.

**Figure S5:** Exploratory analysis of baseline characteristics that were associated with a smaller or larger increase in plasma potassium after KCl supplementation for two weeks with the addition of ethnicity.

**Figure S6:** Change in urine potassium ( $K^+$ ) excretion in patients with or without hyperkalemia after KCl supplementation.

**Figure S7:** Correlations between the change in office systolic blood pressure (BP) with baseline blood pressure, urinary sodium ( $Na^+$ ) and potassium ( $K^+$ ) excretion, and estimated glomerular filtration rate (eGFR).

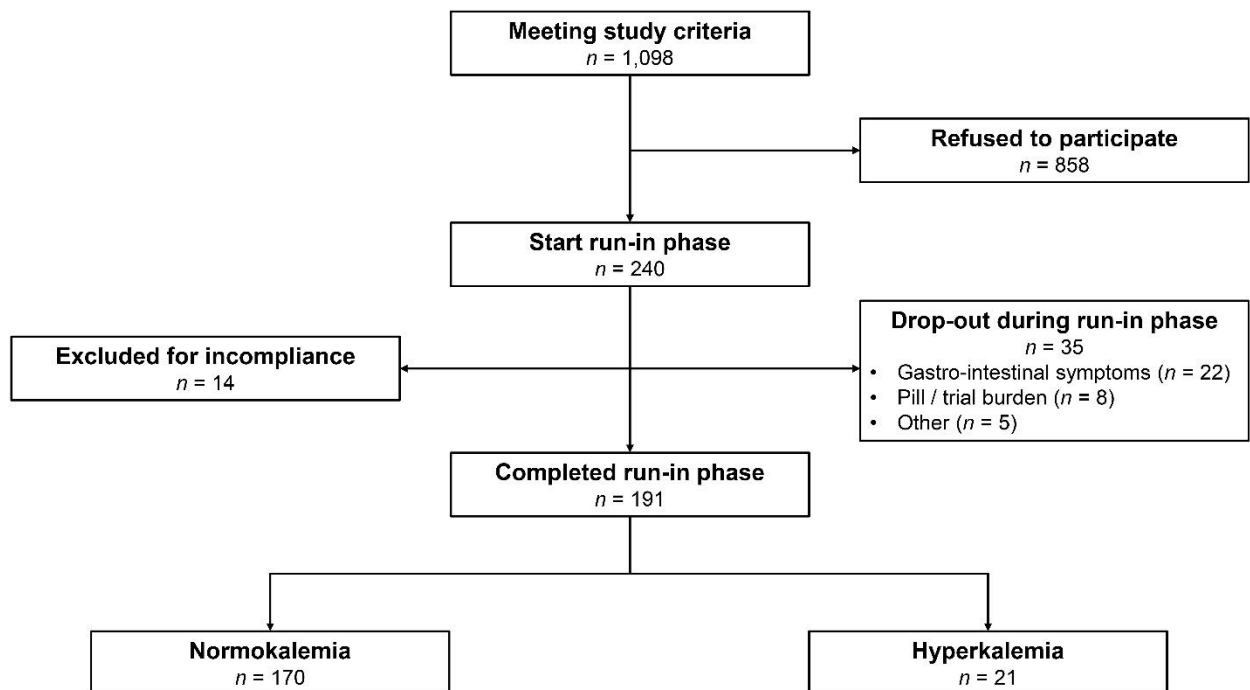
**Table S1:** Baseline characteristics associated with a smaller or larger increase in plasma potassium after KCl supplementation.

Variable	Univariable regression		Multivariable regression	
	$\beta$ (95% CI)	<i>P</i>	$\beta$ (95% CI)	<i>P</i>
Female sex	0.112 (-0.022, 0.246)	0.100	0.091 (-0.042, 0.224)	0.182
Type 2 diabetes mellitus	0.118 (-0.003, 0.239)	0.056	0.060 (-0.058, 0.177)	0.320
Renin-angiotensin system inhibitor use	0.079 (-0.077, 0.235)	0.322	0.175 (0.027, 0.323)	0.021
Beta blocker use	0.147 (0.028, 0.266)	0.015	0.110 (-0.005, 0.225)	0.062
Diuretic use	-0.110 (-0.229, 0.008)	0.068	-0.152 (-0.270, -0.035)	0.011
Age, per 10 years increase	0.069 (0.015, 0.123)	0.013	0.068 (0.010, 0.126)	0.021
Baseline plasma potassium, per 0.5 mmol/L increase	-0.036 (-0.098, 0.027)	0.264	-0.114 (-0.183, -0.045)	0.001
Baseline plasma bicarbonate, mmol/L	-0.022 (-0.039, -0.005)	0.011	-0.021 (-0.040, -0.002)	0.033
Baseline eGFR, per 10 mL/min/1.73 m <sup>2</sup> increase	-0.090 (-0.157, -0.023)	0.008	-0.069 (-0.138, 0.001)	0.053
Baseline urine potassium, per 10 mmol/day increase	-0.041 (-0.064, -0.017)	0.001	-0.021 (-0.046, 0.003)	0.089

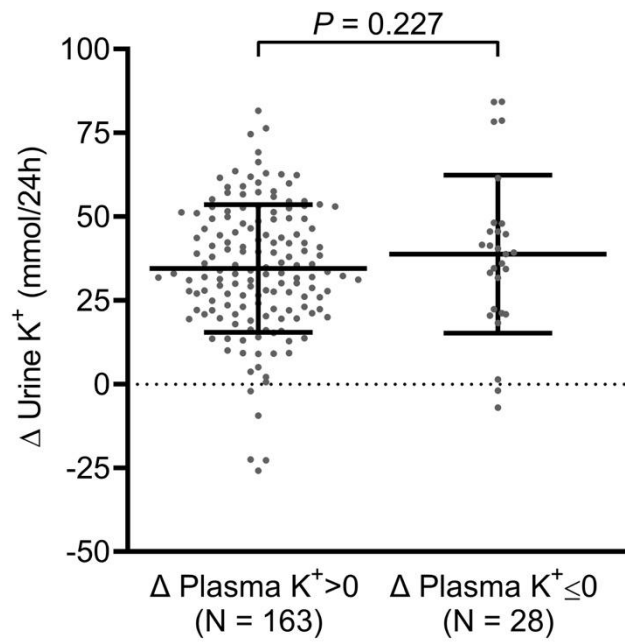
**Table S2:** Treatment of participants with plasma potassium > 6.0 mmol/L after KCl supplementation.

<b>Participant</b>	<b>Plasma potassium after 2 weeks KCl supplementation</b>	<b>Treatment</b>	<b>Plasma potassium at follow-up</b>
5035	6.2 mmol/L	Sodium bicarbonate 3 x 1 g/day for 2 days	4.9 mmol/L
7038	6.4 mmol/L	Sodium polystyrene sulfonate 2 x 30 g/day for 3 days; temporary discontinuation of losartan	3.9 mmol/L
7041	6.9 mmol/L	Sodium polystyrene sulfonate 2 x 30 g/day for 3 days; temporary discontinuation of irbesartan	4.3 mmol/L
8069	6.3 mmol/L	Sodium polystyrene sulfonate 1 x 15 g/day for 3 days; temporary discontinuation of lisinopril	4.9 mmol/L
8103	6.9 mmol/L	Sodium polystyrene sulfonate 2 x 30 g/day; temporary discontinuation of lisinopril	3.9 mmol/L

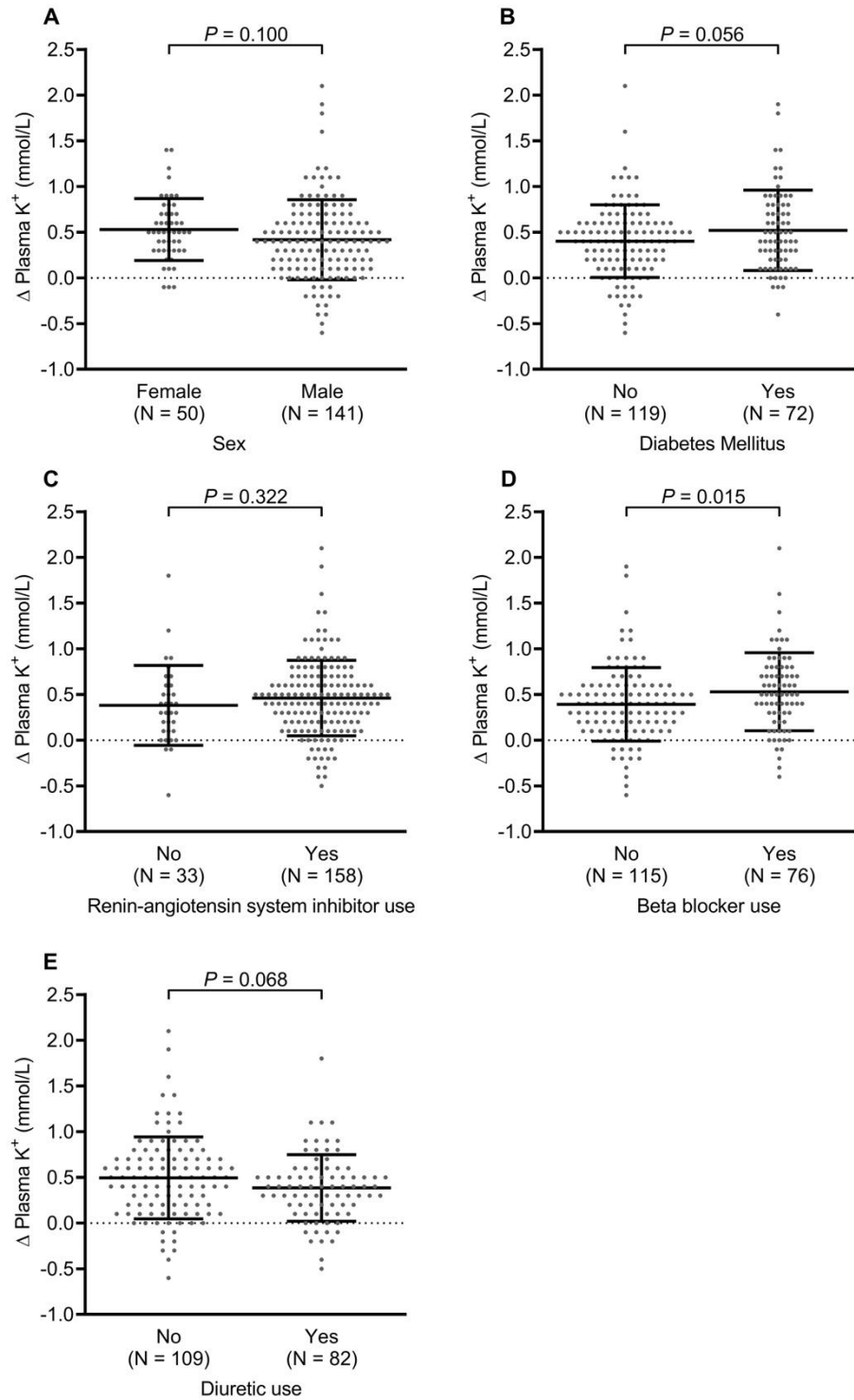
**Figure S1:** Flowchart of screened and included patients.



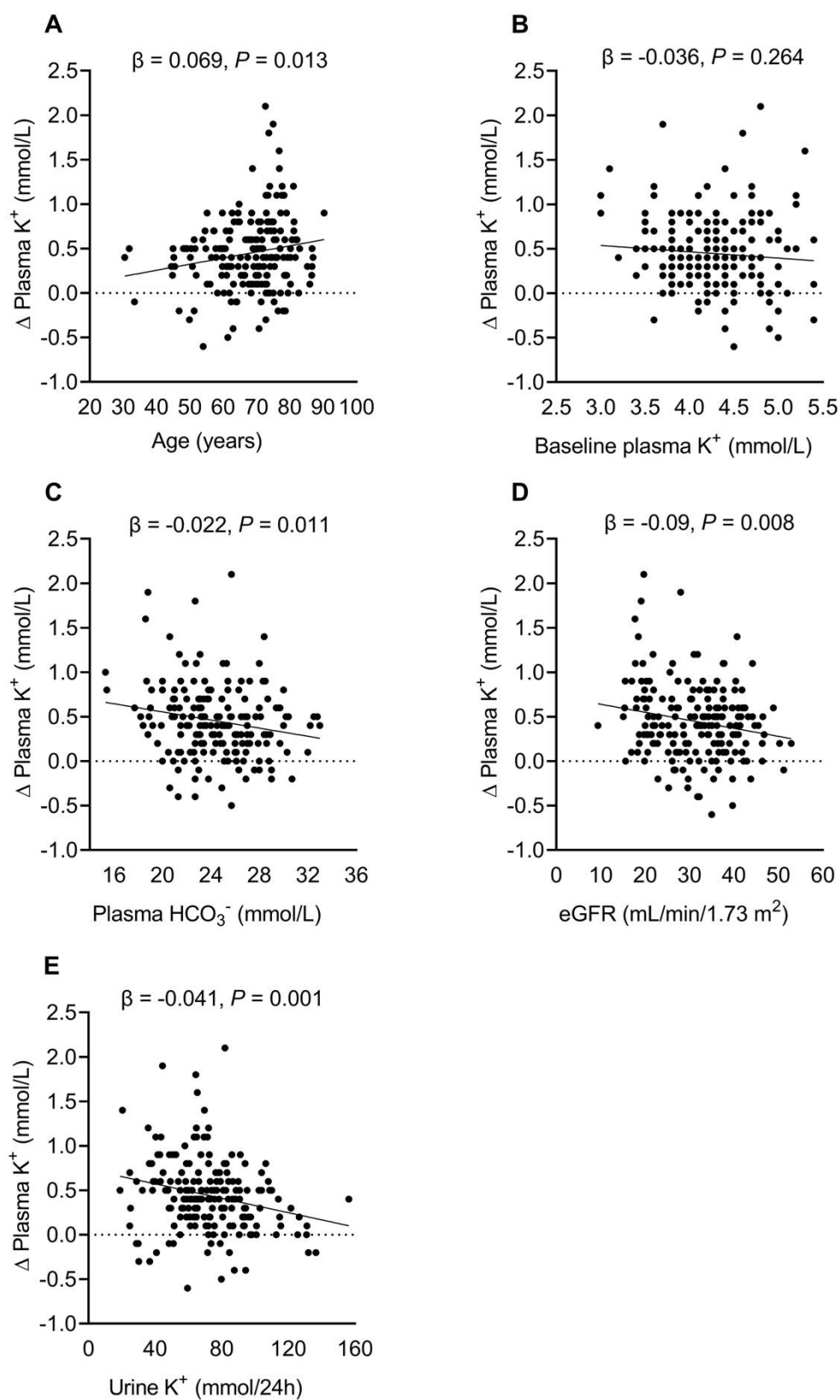
**Figure S2:** Change in urine potassium ( $K^+$ ) excretion in participants with or without an increase in plasma  $K^+$  concentration after KCl supplementation.



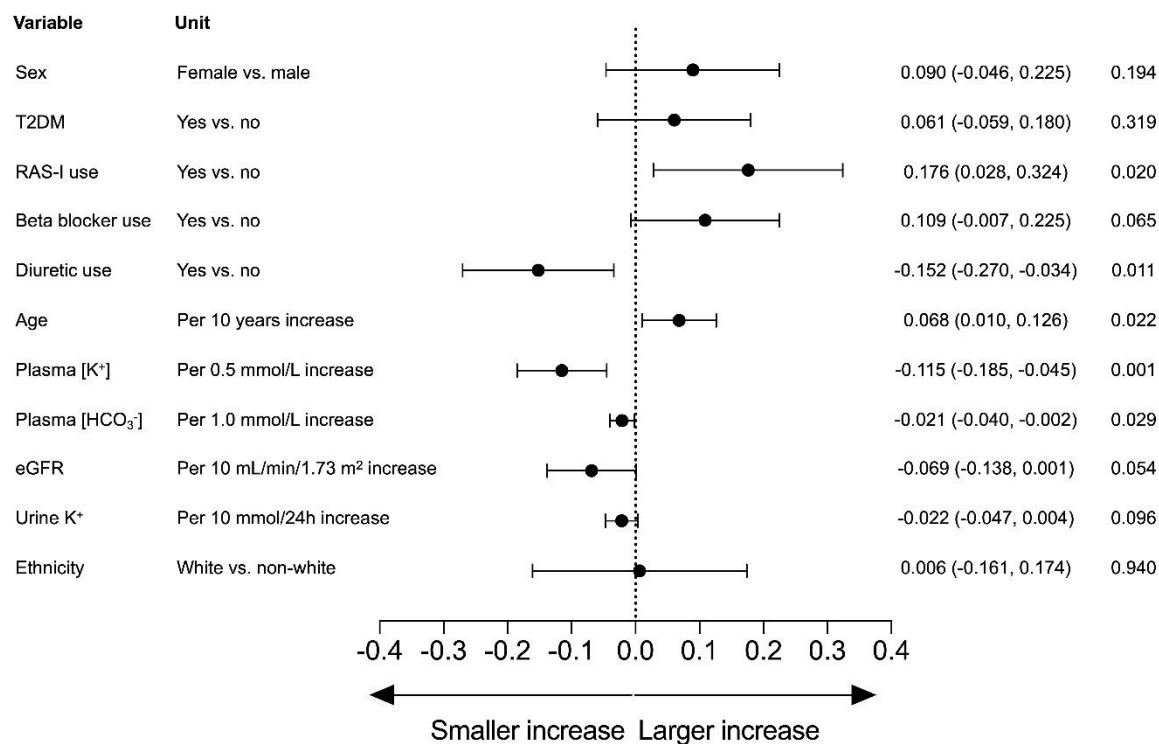
**Figure S3:** Change in plasma potassium ( $K^+$ ) after KCl supplementation classified by sex, presence of diabetes mellitus, and the use of renin-angiotensin inhibitors, beta blockers, or diuretics.



**Figure S4:** Correlations between the change in plasma potassium ( $K^+$ ) after KCl supplementation with age and selected baseline laboratory measurements.

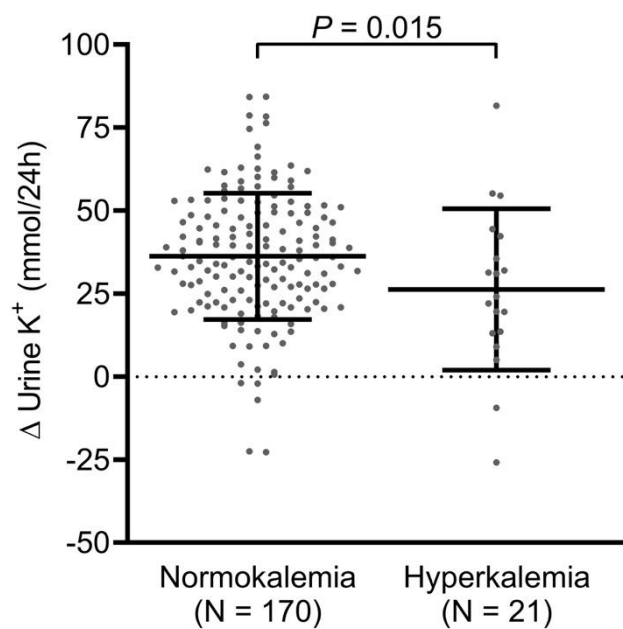


**Figure S5:** Exploratory analysis of baseline characteristics that were associated with a smaller or larger increase in plasma potassium after KCl supplementation for two weeks with the addition of ethnicity.





**Figure S6:** Change in urine potassium ( $K^+$ ) excretion in patients with or without hyperkalemia after KCl supplementation.



**Figure S7:** Correlations between the change in office systolic blood pressure (BP) after potassium chloride supplementation with baseline office and 24-hour systolic blood pressure, urinary sodium (Na<sup>+</sup>) and potassium (K<sup>+</sup>) excretion, and estimated glomerular filtration rate (eGFR).

