



Supplementary Figure 2. Recommended algorithm for the management of hypertension in CKD. To mitigate the risk of hyperkalemia, select patients with consistently normal serum potassium concentration and monitor serum potassium regularly after initiation of a nonsteroidal mineralocorticoid receptor antagonist; BP targets should be individualized to age, comorbidities, patients' preferences, etc.

ACE, angiotensin-converting enzyme; ARB, angiotensin receptor blockers; BP, blood pressure; CCB, calcium channel blocker; CKD, chronic kidney disease; RASi, renin-angiotensin system inhibitors; SBP, systolic blood pressure.

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