FAIRVIEW PHARMACY — EST. 1978

Using spironolactone safely

aldosterone antagonist (Aldactone) · with or without food, consistently

3 MISTAKES TO AVOID

1. **Salt substitutes or potassium pills**
   Spironolactone already raises potassium; these can push it too high.
2. **Not sharing your full medicine list**
   ACE inhibitors, ARBs, NSAIDs, lithium, and eplerenone all matter.
3. **An inconsistent schedule**
   Take it the same way every day; it changes how much you absorb.

How to take it

- With or without food, but **the same way every day**.
- For fluid buildup from liver disease, treatment usually starts in the hospital, with the dose raised slowly over at least 5 days.

Avoid these with it

IMPORTANT
Potassium-containing salt substitutes and potassium supplements can push your potassium dangerously high.

- **Never combine with eplerenone.** Tell your doctor about Addison's disease or already-high potassium.
- ACE inhibitors, ARBs, trimethoprim, and NSAIDs raise potassium further. Lithium levels can rise. Aspirin can make it less effective.

Watching your potassium

- Expect a blood test within a week of starting or changing your dose, and regularly after that.
- If your potassium comes back too high, your doctor will lower your dose or stop spironolactone.

Other things to watch

- Breast tenderness or swelling (usually reversible). Dizziness or feeling lightheaded.
- Liver disease: watched closely for confusion, an early warning sign.
- If you're pregnant, it may affect how a male baby develops before birth; talk with your doctor about the risk and your options.

Questions? Ask Dr. Mike at fairviewpharm.com/medications

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Medically reviewed by Dr. Mike Acheampong, Pharmacist, Fairview Pharmacy · October 2026

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