Potassium

Dosage, Food Sources & Blood Pressure — An Evidence-Based Guide

Potassium is the third most abundant mineral in the body and the primary intracellular electrolyte, regulating fluid balance, nerve signaling, and muscle contraction, including the heartbeat itself. Most adults fall well short of adequate intake — not because potassium is rare in food, but because the foods richest in it are exactly the ones typical Western diets underuse.

DAILY REQUIREMENT

The National Academy of Medicine sets the Adequate Intake for potassium at 3,400 mg per day for adult men and 2,600 mg per day for adult women. Survey data from NHANES consistently shows median U.S. intake sitting closer to 2,300–2,600 mg — meaningfully below target for most men and many women.

BLOOD PRESSURE: THE EVIDENCE

The relationship between potassium and blood pressure is one of the better-established findings in nutrition science. A meta-analysis of randomized controlled trials published in the BMJ (2013) found that increased potassium intake significantly reduced systolic blood pressure, with a larger effect in people with hypertension. The mechanism runs through several pathways: potassium promotes sodium excretion via the kidneys, relaxes vascular smooth muscle, and blunts the blood-pressure-raising effect of a high-sodium diet. The sodium-to-potassium ratio in the diet appears to matter more for cardiovascular risk than either mineral in isolation, per findings summarized by the American Heart Association.

TOP FOOD SOURCES

- White beans, cooked (1 cup): approximately 1,000 mg
- Potato with skin, baked (1 medium): approximately 940 mg
- Sweet potato, baked (1 medium): approximately 540 mg
- Coconut water (1 cup): approximately 600 mg
- Banana (1 medium): approximately 420 mg
- Spinach, cooked (1/2 cup): approximately 420 mg
- Salmon (3 oz, cooked): approximately 380 mg
- Avocado (1/2 fruit): approximately 490 mg
- Yogurt, plain (1 cup): approximately 570 mg

SIGNS OF LOW INTAKE

Mild, diet-related potassium shortfall is usually asymptomatic. More significant depletion — often from vomiting, diarrhea, certain diuretics, or heavy sweating without replacement — can produce muscle weakness, cramping, fatigue, constipation, and heart palpitations. Severe hypokalemia is a medical condition requiring evaluation, not a supplement decision.

WHO SHOULD BE CAUTIOUS

Unlike most minerals, potassium supplementation carries real risk for specific groups and should not be approached the same way as, say, magnesium or vitamin D. People with chronic kidney disease have impaired potassium excretion and can develop dangerous hyperkalemia. The same caution applies to anyone taking ACE inhibitors, ARBs, or potassium-sparing diuretics (such as spironolactone), since these medications already raise serum potassium. For these groups, increasing potassium should happen only under medical supervision, including through diet.

FOOD FIRST, NOT PILLS

The FDA caps over-the-counter potassium supplement tablets at 99 mg per dose — a fraction of the daily requirement — specifically because concentrated oral potassium can irritate or ulcerate the GI tract and rapid intake raises cardiac risk more than the same amount spread across meals. This is why potassium, almost uniquely among common nutrients, is best addressed through food sources rather than high-dose supplementation. Reaching adequate intake through beans, potatoes, leafy greens, and fruit is both safer and more effective than tablet-based approaches.

PRACTICAL TAKEAWAY

Most people benefit from deliberately increasing potassium-rich whole foods rather than reaching for a supplement bottle. Track your intake for a few days against the 3,400 mg (men) / 2,600 mg (women) target, prioritize legumes, potatoes, leafy greens and dairy or fish, and consult a physician before supplementing if you have any kidney condition or take blood-pressure medication.