



# UNDERSTANDING PRIMARY ALDOSTERONISM

A GUIDE FOR PATIENTS  
WITH HIGH BLOOD PRESSURE

## WHAT IS PRIMARY ALDOSTERONISM?

PRIMARY ALDOSTERONISM (PA) IS A COMMON BUT OFTEN UNDIAGNOSED CAUSE OF HIGH BLOOD PRESSURE (HYPERTENSION). IT OCCURS WHEN YOUR ADRENAL GLANDS (SMALL GLANDS SITTING ON TOP OF EACH KIDNEY) PRODUCE TOO MUCH OF A HORMONE CALLED ALDOSTERONE.

### KEY FACTS ABOUT PRIMARY ALDOSTERONISM:

- It affects 5-14% of all people with high blood pressure
- It's the most common hormonal cause of high blood pressure
- Most people with PA don't know they have it
- It can be effectively treated with specific medications or even cured with surgery in some cases

### WHY DOES PRIMARY ALDOSTERONISM MATTER?

If you have PA, you're at higher risk for:



Heart  
disease



Stroke



Irregular heartbeat  
(atrial fibrillation)



Kidney  
damage

The good news is that discovering and treating PA can reduce these risks.

### WHAT ARE THE SYMPTOMS OF PRIMARY ALDOSTERONISM?

Most of the time people with PA have no symptoms. They usually develop high blood pressure. The usual medications for high blood pressure may not work for people who have PA.

People with PA may also have low potassium. This makes them feel weak and tired. In serious cases, it can make muscles stiffen and difficult to move. It can make the heart beat too fast or irregularly. Not everyone with PA has low potassium.

Other possible symptoms include:



Feeling anxious



Having trouble concentrating



Waking up too many times during the night to urinate

## COULD YOU HAVE PRIMARY ALDOSTERONISM?

You might be at higher risk for PA if you have:

- High blood pressure that's difficult to control with standard medications
- Low potassium levels in your blood
- Family members with PA
- High blood pressure at a young age (under 40)
- High blood pressure along with sleep apnea or diabetes

However, many people with PA don't have any specific symptoms beyond high blood pressure. This is why screening is so important.

## SCREENING FOR PRIMARY ALDOSTERONISM

New guidelines from the Endocrine Society recommend screening all patients with high blood pressure for PA.

The screening process is simple:

1. A blood test to measure aldosterone and renin levels
2. No special preparation is usually needed
3. In some cases, adjusting certain blood pressure medications before testing may be recommended

Your doctor can perform this test during a regular office visit or may send you to a lab for a blood draw. It's the first step in determining if you might have PA.

## WHAT HAPPENS IF MY SCREENING TEST IS POSITIVE?

If your screening test suggests you might have PA, your doctor will discuss the next steps, which may include:

- Additional tests to confirm the diagnosis
- Imaging studies of your adrenal glands
- Referral to an endocrinologist (hormone specialist)
- Starting treatment for PA

Remember: A positive screening test doesn't necessarily mean you have PA. You may require further tests to be sure.



## TREATMENT OPTIONS

If you are diagnosed with PA, there are effective treatments available:

### MEDICATION:

- Special medications called mineralocorticoid receptor antagonists (like spironolactone or eplerenone) can block the effects of excess aldosterone.
- These medications are different from typical blood pressure medications and work specifically to address PA.
- After starting medications, it will be important to have follow-up visits with your doctor to measure blood pressure and some blood tests. This will ensure you are receiving the correct dose of medication.

### SURGERY:

- For some patients, PA is caused by a small benign tumor in one adrenal gland.
- If testing shows this is your situation, surgery to remove that adrenal gland may cure your condition.
- This is typically done with keyhole surgery.
- After surgery, it will also be important to have follow-up visits with your doctor to make sure the surgery was successful, and you don't need further treatment.

Your doctor will recommend the best approach based on your specific situation.





## QUESTIONS TO ASK YOUR DOCTOR

- Should I be screened for primary aldosteronism?
- Do I need to stop any medications before testing?
- What do my test results mean?
  - If I have PA, what treatment options are best for me?
  - Will I need to see a specialist?
  - How might treatment change my current medications?

## COMMON TERMS

**Aldosterone:** A hormone that helps control blood pressure and balance sodium and potassium in your body

**Renin:** A protein that works with aldosterone to regulate blood pressure

**Adrenal glands:** Small glands located on top of each kidney that produce several important hormones

**Mineralocorticoid receptor antagonists (MRAs):** Medications that block the action of aldosterone

**Hypokalemia:** Low potassium level in the blood, which can occur in some people with PA

**Keyhole Surgery:** Also known as laparoscopic surgery, is a minimally invasive surgical technique that uses small incisions and special instruments to conduct the procedure