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Primary aldosteronism: Who should be screened and how

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Statement of the Problem: Since blood pressure treatment results are disappointing, the Lancet Commission on Arterial Hypertension recently listed the search for secondary hypertension, among the key actions to prevent this major risk factor (1). **Methodology & Theoretical Orientation:** Compelling data indicate that primary aldosteronism (PA) is the most frequent endocrine cause of secondary hypertension with a prevalence across different studies, ranging between 1% to 30% in referral centers (2). Based on these results the Endocrine Society guidelines advocates screening of stage II and III hypertensives and/or patients with PA high prevalence features (3). **Findings:** A recently published study investigating a large cohort recruited in a primary care setting reported a PA prevalence of 5.9%, of which 46% was the surgically curable form of PA, i.e. aldosterone-producing adenoma (APA), and found most PA patients among those with stage I hypertension (45%) (4). Hence, investigation of secondary hypertension has been advocated also in stage I hypertensive subjects (5), since PA increases the risk of target organ damage and a specific therapy, either surgical or medical, if timely undertaken, guarantees better outcomes. However, the complexity of the PA diagnostic algorithm, which includes the systematic use of confirmatory tests, induces under screening that might be offset through a simpler approach, exploiting automated direct renin/plasma aldosterone assays and avoiding confirmatory tests in more florid PA cases (6). **Conclusion & Significance:** PA is a highly prevalent cause of secondary hypertension in unselected adult hypertensive patients and most PA subjects are found among stage I hypertensives. Excluding these patients from screening would cause overlooking of a high rate of PA and/or APA. Since PA increases the risk of target organ damage and a specific therapy guarantees better outcomes, screening all hypertensive patients should be recommended.

Biography

Giuseppe Maiolino is employed as a cardiology consultant at the Azienda Ospedaliera di Padova. He received his MD and PhD degree at the University Of Padova School Of Medicine. He completed his cardiovascular disease fellowship at the University of Padova and his Internal Medicine residency at the Maimonides Medical Center, Albert Einstein College of Medicine. His research activity is focused on secondary hypertension, mainly primary aldosteronism and renovascular hypertension, and genetic/biohumoral markers of coronary artery disease.

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