# Specific phenotype relevant in subclinical primary aldosteronism

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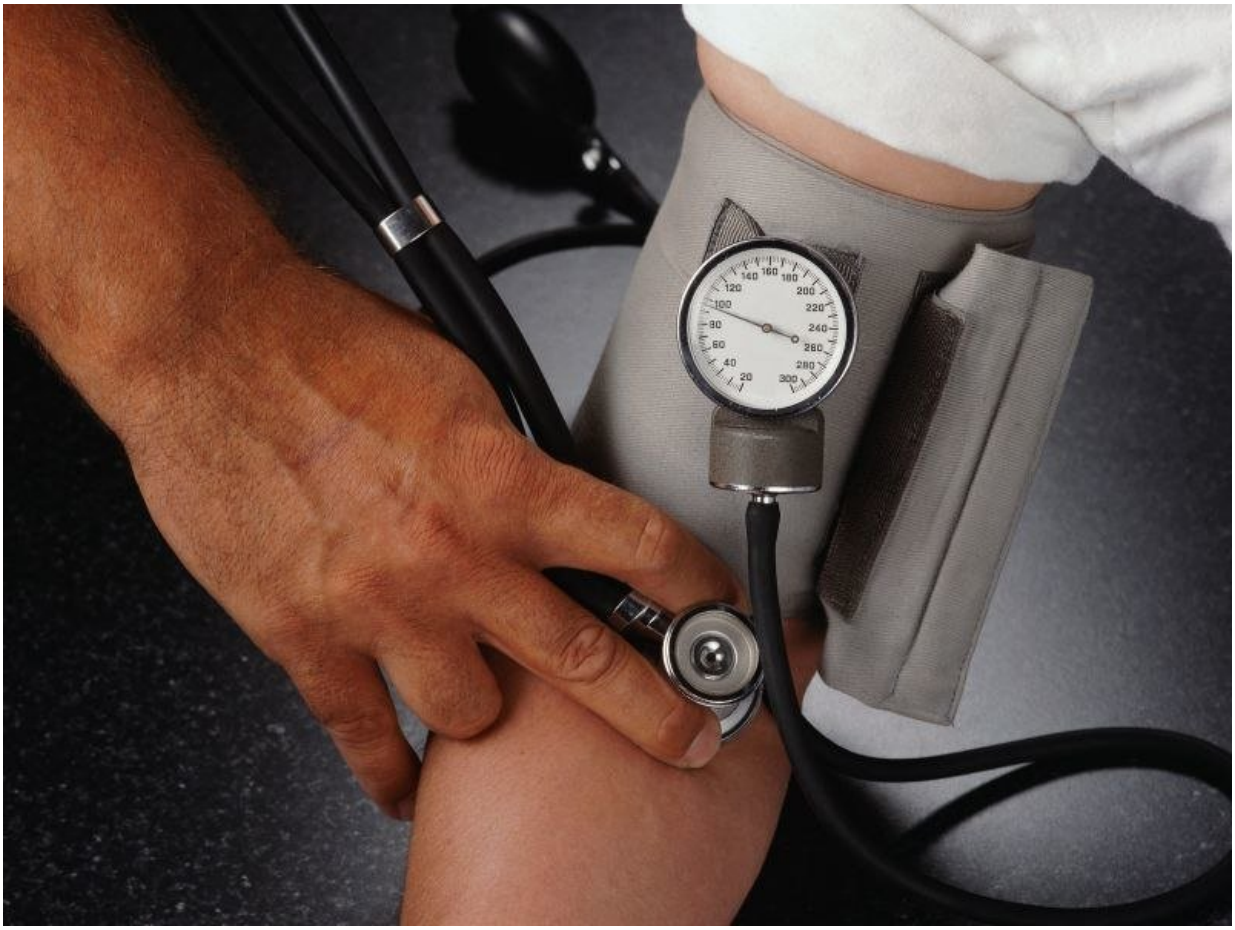

(HealthDay)—A suppressed renin phenotype is associated with higher

incidence of incident hypertension than other plasma renin activity (PRA) phenotypes, according to a study published online Oct. 9 in the *Annals of Internal Medicine*.

Jennifer M. Brown, M.D., from Brigham and Women's Hospital in Boston, and colleagues conducted a cohort study involving 850 untreated normotensive participants in the Multi-Ethnic Study of Atherosclerosis to examine whether a spectrum of subclinical renin-independent aldosteronism that increases the risk of hypertension exists.

The researchers found that compared with other PRA phenotypes, a suppressed renin phenotype correlated with a higher rate of incident hypertension (suppressed renin phenotype, 85.4 events; indeterminate renin phenotype, 53.3 events; unsuppressed renin phenotype, 54.5 events per 1,000 person-years of follow-up). There was an independent correlation between higher aldosterone concentrations and increased risk for incident hypertension with renin suppression; when renin was not suppressed there was no correlation between aldosterone and hypertension. When renin was suppressed there was a correlation for higher aldosterone concentrations with lower serum potassium and higher urinary excretion of potassium.

"These findings suggest a clinically relevant spectrum of subclinical primary aldosteronism (renin-independent aldosteronism) in normotension," the authors write.

One author disclosed financial ties to the pharmaceutical and medical device industries.

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