

Aldosterone production is a common and unrecognized cause of high blood pressure

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Findings from a cross-sectional study published in *Annals of Internal Medicine* implicate the hormone aldosterone as a common and unrecognized contributor to hypertension.

Hypertension affects more than 1.5 billion people worldwide and is arguably the leading preventable cause of heart disease and stroke. Primary aldosteronism is a condition where the [adrenal glands](#) produce too much of the hormone aldosterone, which causes high blood pressure and [cardiovascular disease](#). Primary aldosteronism has traditionally been considered to be an uncommon cause of hypertension, however, the findings of this study show that it is much more common than previously recognized.

Researchers from four [academic medical centers](#) (including Brigham and Women's Hospital, University of Alabama, University of Virginia, and University of Utah) studied patients with normotension ($n = 289$), stage 1 hypertension ($n = 115$), stage 2 hypertension ($n = 203$), and resistant hypertension ($n = 408$) to determine the prevalence of excess aldosterone production and primary aldosteronism. They found that there was a continuum of excess aldosterone production that paralleled the severity of blood pressure. Importantly, most of this excess aldosterone production would have not been recognized by currently recommended diagnostic approaches. According to the authors, this finding supports the need to redefine primary aldosteronism from a [rare disease](#) to, instead, a common syndrome that manifests across a broad severity spectrum and may be a primary cause of hypertension. Since [generic medications](#) that block the deleterious effects of aldosterone already exist and are easily available, these findings suggest that using these drugs more frequently to treat hypertension may be an effective way to lower the risk of cardiovascular disease.

The author of an accompanying editorial, Professor John Funder, who currently chairs the international guidelines for the diagnosis and management of [primary aldosteronism](#), called the study a "game changer" and indicated that these findings should trigger a "radical reconstruction" of current clinical practice and guideline recommendations.

More information: Study:

<https://www.acpjournals.org/doi/10.7326/M20-0065>

Editorial: <https://www.acpjournals.org/doi/10.7326/M20-1758>

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