

Exploring the connection between hypertension, primary aldosteronism, and chronic kidney disease



Hypertension (HTN) affects nearly half of US adults¹ and is the second leading cause of chronic kidney disease (CKD).² Primary aldosteronism (PA) is the leading endocrine cause of secondary hypertension and when left untreated can make blood pressure difficult to control and contribute to the progression of CKD.



~ **50%**
of US adults have hypertension (HTN)¹

Uncontrolled hypertension leads to **↑ CKD risk⁴**



1 in 5 people with HTN may have CKD^{1,2}

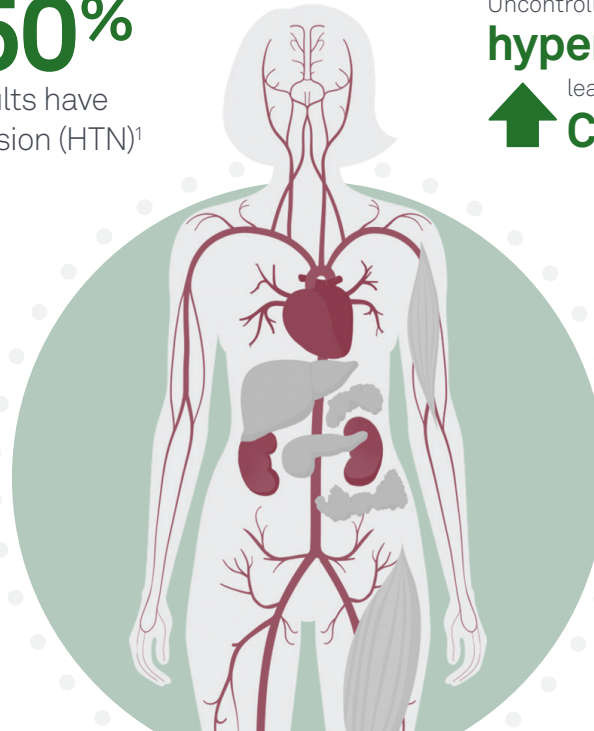
Patients with PA have a **50% increased risk of CKD⁵**



up to 30% of HTN patients may have PA³

~ **14%**

of CKD patients are tested for PA⁶ but 39% meet PA criteria⁷ (based on recommendations made by the Endocrine Society)



Less than 1% of HTN patients are currently screened for PA.^{3,8} Approx 2/3 of HTN patients remain unscreened for albuminuria,^{9,10} an early marker of kidney damage and CKD. **Current guidelines recommend screening all HTN patients for PA¹¹ and CKD^{12,13} to support earlier detection, guide targeted treatment, and help reduce the development and progression of conditions like CKD.**

| Test code | Test name |
|-----------|--|
| 39165 | Kidney Profile* |
| 13817 | Plasma Renin Activity (PRA) with Reflex to Aldosterone** |

*Components may be ordered separately: Creatinine (includes eGFR) [375]; Albumin, Random Urine with Creatinine (includes Albumin/Creatinine Ratio) [6517]

**Components may be ordered separately: Plasma Renin Activity, LC/MS/MS [16846]; Aldosterone LC/MS/MS [17181]

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References

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Test codes may vary by location. Please contact your local laboratory for more information.

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