INDICATIONS FOR TESTING
Suspicion of primary aldosteronism
Manifestations: hypertension, hypokalemia, metabolic alkalosis

ORDER
- Aldosterone/Renin Activity Ratio
- Aldosterone & Renin, Direct with Ratio
  (both are best assessed in the morning)

Plasma aldosterone confirmatory tests
(Examples: oral sodium loading test, fludrocortisone suppression test (FST), saline infusion, and captopril challenge test (CCT))
Refer to Primary Aldosterone Confirmatory Test Options
(Endocrine Society, 2016)
AND
- Aldosterone (Plasma) AND/OR Aldosterone, Urine

Interpret Result:
Refer to Primary Aldosterone Confirmatory Test Options (Endocrine Society, 2016)

- Equivocal
  - Repeat testing in 3 months

- Nonsuppressible
  - Primary aldosteronism
  - Essential hypertension likely

- Suppressive
  - Adrenal CT scan (MRI does not add to sensitivity)
    - Normal, micronodularity or bilateral masses
    - Unilateral macroadenoma nodule >1 cm but <4 cm
    - Unilateral mass ≥4 cm
      - Likely adrenal carcinoma
        - Surgery

  - Lateralization
    - Yes
      - Bilateral AVS
      - Consider genetic testing for GRA
        - Positive
          - APA or UAH: unilateral adrenalectomy
            - No
              - IAH
              - Yes
              - GRA

  - No

Abbreviation Key
- APA: aldosterone-producing adenoma
- AVS: adrenal venous sampling
- CT: computed tomography
- GRA: glucocorticoid-remediable aldosteronism
- IAH: idiopathic adrenal hyperplasia
- MRI: magnetic resonance imaging
- UAH: unilateral adrenal hyperplasia