

**2025 Davee Foundation Lecture**

**and Resident Research Day**

**Abstract**

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**Title: A Cross-Sectional Analysis of the Prevalence Of Screening for Primary Hyperaldosteronism in Patients with Resistant Hypertension in a Primary Care Setting.**

**Background:**Primary Hyperaldosteronism (PH) is believed to affect 5-10% of adults; however, recent studies have demonstrated that prevalence could be up to 3-fold higher affecting up to 1 in 5 patients with resistant hypertension. Despite this <1% of people with resistant hypertension are appropriately screened. Studies reveal that screening rates are higher in patients with certain comorbidities, such as in cases of hypokalemia or adrenal masses, but lower in others, such as those with resistant hypertension and obstructive sleep apnea. Our research study seeks to identify the prevalence of resistent hypertension in a family medicine residency clinic in suburban Illinois and how screening for PH via the aldosterone-renin ratio (ARR) affects medical management. We posit that the rate of mineralocorticoid antagonist (MRA) prescription differs based upon appropriately screening for PH.

**Methods:**We are conducting a retrospective study of adult patients (age ≥18 years) with hypertension seen at the 298 Randall Road primary care clinic at Delnor Hospital. We are identifying patients with a diagnosis of resistant hypertension based on the International Classification of Diseases, Ninth and Tenth Revision (ICD‐9, ICD‐10) codes. We identified candidates for PA screening as patients who met at least one of the criteria for resistant hypertension according to the 2016 Endocrine Society Joint Guidelines and our data points include the aldosterone-renin ratio, potassium levels, diagnosis of OSA, diagnosis of resistant hypertension on 3 or more medicines, and MRA prescription.

**Results and Conclusions:**Review is currently in progress.