Title

*General practitioner perspectives and experiences when screening for primary aldosteronism in hypertensive patients*

**Priority 1 (Research Category)**

Hypertension

**Presenters**

NAINANI ABHIR Nainani, Grant Russell, MD, PhD, MBBS, FRACGP MFM, Jun Yang, PhD, MBBS, FRACP, Sanne Peters, PhD

**Abstract**

Context: Primary aldosteronism (PA) is a common form of hypertension caused by excess production of the adrenal hormone aldosterone. Screening hypertensive patients with a simple blood test enables early detection and targeted treatment of PA, leading to fewer cardiovascular complications. Australian family physicians (FPs) rarely screen for PA, and screening rates are equally low among North American FPs. Limited awareness of PA is thought to explain the low screening rates in family practice. Objective: To understand the factors that influence an FP’s decision to screen for PA in hypertensive patients.

Study Design: Qualitative study using phenomenology to explore the experiences of FPs when screening for PA. Setting/Population: Set in South-East Melbourne, participating FPs had received an educational session on PA from an endocrinologist. We conducted semi-structured interviews with FPs who had screened at least one patient following the teaching session. Interviews were transcribed verbatim, entered into NVivo for coding, and analyzed for emerging themes.

Results: The 16 participants varied by clinical experience (1-35 years), practice location (3 regional, 13 urban), and the number of patients screened for PA (1-44 patients). FPs overwhelmingly preferred screening newly diagnosed hypertensive patients over those already being managed with antihypertensive medications. Only a few FPs opted to screen all hypertensive patients, while the majority questioned the necessity of screening patients whom they thought fitted their clinical impression of essential hypertension. Many FPs found it challenging to both comply with testing requirements and interpret screening results within the existing organizational constraints of their practice. FPs that had diagnosed at least one patient with PA acknowledged the positive impact that targeted treatment had on patient wellbeing and this reinforced their role in assisting with the detection of PA. Knowledge and convenience of the screening process, the conceptualization of risk, and the perceived impacts of detecting PA were influencing factors that modified the FP screening experience.

Conclusion: This study demonstrates that additional factors, other than limited awareness, influence a FP’s decision to screen for PA. Our findings have the potential to inform future policy, practice, and training interventions to improve the detection of PA in family practice.