ENDOCRINE HYPERTENSION: *WHEN TO SUSPECT AND HOW TO DEAL?*

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Hypertension is a global public health challenge, affecting an estimated 1.4 billion people worldwide. The global age-standardized prevalence of hypertension in adults is 32% in females and 34% in males. It is one of the major non-communicable diseases (NCDs), which significantly contributes to the burden of cardiovascular diseases (CVDs), stroke, kidney failure, disability, and premature death. Hypertension is responsible for an estimated 13% of all global deaths and 53% of cardiovascular disease-related mortality. It is thought to be idiopathic in 85% of cases while a secondary cause can be identified in the remainder. Endocrine etiologies comprise an important share of secondary hypertension. These etiologies are largely curable if identified early and might prove fatal if left untreated. Certain clinical and biochemical clues like young onset, severe or resistant hypertension, presence of hypokalemia or panic spell point towards an underlying endocrine disorder. Current estimates show that endocrine hypertension specifically primary aldosteronism has now become a commonplace disorder with a prevalence as high as 30% in all hypertensives. Recent guidelines have proposed some major changes in the approach to endocrine hypertension that will lead to a paradigm shift in the overall management of hypertension worldwide.

Keywords: Hypertension, Endocrine hypertension, Primary aldosteronism.

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