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Hot from the hypertensive press

Short analysis of clinical studies that may change our practices in the field of hypertension
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Expert consensus on the Primary Aldosteronism Severity Classification and its strategic application in indicating adrenal venous sampling

Background

Primary Aldosteronism (PA) presents with heterogeneous biochemical and clinical profiles. Current guidelines recommend adrenal venous sampling (AVS) for most patients, but this approach is resource-intensive and often unnecessary in clearly mild or extremely severe cases. The authors propose a severity-based classification to improve patient selection.

Methods

The study defines PA severity based on a score including 3 items:

- Degree of aldosterone excess (assessed by plasma aldosterone)
- Serum potassium level
- Blood pressure phenotype and antihypertensive burden

Patients are categorized into: mild, moderate and severe PA according to the score

Results

- Severe PA strongly correlates with unilateral autonomous aldosterone production and carries a higher probability of benefiting from adrenalectomy.
- Mild PA is more frequently bilateral and often manageable medically without AVS.
- The classification improves prediction of AVS lateralization outcomes and surgical benefit.

The authors propose:

- AVS recommended for moderate and severe PA
- AVS may be avoided in clearly mild PA cases, particularly in younger patients with low biochemical severity
- “Direct-to-surgery” may be considered for highly severe PA with concordant imaging and characteristic clinical features

Impact and Implications

Adopting severity-based stratification:

- Reduces unnecessary AVS procedures
- Improves patient selection for adrenalectomy
- Enhances diagnostic efficiency in centers with limited AVS availability



- Supports individualized PA management

Conclusion

The article introduces a clinically practical PA severity classification that can refine the indication for adrenal venous sampling. This approach prioritizes AVS for those most likely to benefit while safely reducing its use in low-severity cases.

Reference:

Masanori Murakami; Mitsuhide Naruse, Hiroki Kobayashi, Mirko Parasiliti-Caprino, Fabio Bioletto, Denise Brüdgam, Isabel Stüfchen, Martin Reincke, Matthieu St-Jean, Ivana Kraljevic, Darko Kastelan, Pasi I Nevalainen, Marta Araujo-Castro, Norlela Sukor, Michiel F Nijhoff, Joanna Matrozova, Oskar Ragnarsson, Zulfiya Shafigullina, Niina Matikainen, Athina Markou, George Piaditis, Shoichiro Izawa, Takuyuki Katabami, Takamasa Ichijo, Akiyo Tanabe, Mika Tsuiki, Miki Kakutani, Norio Wada, Seizaburo Masuda, Alessandra Violet Bacca, Felix Beuschlein, Giuseppe Maiolino, Henrik Falhammar, Marianne A Grytaas, Kristian LØvas, Madson Q Almeida, Raluca Maria Furnica, Troy Ruar, Piotr Kmiec, Stefano Masi, Isabelle Bourdeau, Laurence Amar, Michael Conall Denedy, Francesco Fallo, Jaap Deinum, Sam O'Toole, Tetsuya Yamada, Marcus Quinkler, André Lacroix, Tomaz Kocjan

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