

FACTOR	Effect on Aldosterone plasma concentration	Effect on Renin plasma concentration	Effect on Aldosterone-Renin Ratio (ARR)
<b>MEDICATIONS</b>			
β-Adrenergic blockers	Decrease	Decrease	False Positive
Central agonists (clonidine, α-methyldopa)	Decrease	Decrease	False Positive
NSAIDs	Decrease	Decrease	False Positive
K <sup>+</sup> -wasting diuretics	No effect / Increase	Increase	False Negative
K <sup>+</sup> -sparing diuretics	Increase	Increase	False Negative
ACE inhibitors	Decrease	Increase	False Negative
ARBs	Decrease	Increase	False Negative
Ca <sup>2+</sup> blockers (DHPs)	No effect / Decrease	Increase	False Negative
Renin inhibitors	Decrease	Increase	False Negative
<b>POTASSIUM STATUS</b>			
Hypokalaemia	Decrease	No effect / Increase	False Negative
<b>DIETARY SODIUM</b>			
Sodium restriction	Increase	Increase	False Negative
Sodium loading	Decrease	Decrease	False Positive
<b>OTHER CONDITIONS</b>			
Advancing age	Decrease	Decrease	False Positive
Premenopausal women (vs. males) <sup>a</sup>	No effect / Increase	Decrease	False Positive
Renal impairment	No effect	Decrease	False Positive
PHA-2 (pseudohypoaldosteronism type 2)	No effect	Decrease	False Positive
Pregnancy	Increase	Increase	False Negative
Renovascular hypertension	Increase	Increase	False Negative
Malignant hypertension	Increase	Increase	False Negative

<sup>a</sup> In premenopausal, ovulating women, plasma aldosterone levels measured during menses or proliferative phase are similar to those of men but rise briskly in the luteal phase. Because renin levels are lower, ARR is higher in women compared to men for all phases of the cycle, but especially during the luteal phase.

Table source: Funder et al. (2016) 'The Management of Primary Aldosteronism: Case Detection, Diagnosis, and Treatment: An Endocrine Society Clinical Practice Guideline', *J Clin Endocrinol Metab*, 101(5), pp. 1889-916