

Patients-Doctors Guide

ALDO+PA – high-performance screening for primary aldosteronism

For Patients: Is the ALDO+PA Test Right for You?

The ALDO+PA Test is an advanced blood test designed to provide accurate and early screening for primary aldosteronism (PA), a common cause of resistant hypertension. If you suffer from uncontrolled high blood pressure, require multiple medications, or have a family history of early-onset hypertension, this test could help identify underlying causes and improve your treatment.

Why Choose ALDO+PA?

- + Early detection of primary aldosteronism
- + No need to discontinue current blood pressure medication
- + More precise than conventional tests (direct measurements of relevant hormones)
- + Reduces risk of strokes, heart failure, and other cardiovascular complications
- + Provides insight into blood pressure medication efficacy and kidney function, aiding clinical assessments

Where can you get tested?

The ALDO+PA Test is currently available at nine labors.at locations across Austria, with plans for expansion. Your doctor can arrange the test and organize blood sample collection.

Costs & Insurance Coverage

Test price: 183,20 Euros. Insurance: Not covered by public health insurance. Some private insurance plans may partially or fully reimburse the cost, depending on the provider and policy.

How the Test Works

- 1) **Consultation:**
Discuss with your doctor whether the ALDO+PA Test is suitable for you.
- 2) **Blood Sample Collection:**
A blood sample is taken at your doctor's office or at a labors.at testing facility.
- 3) **Laboratory Analysis:**
Using cutting-edge mass spectrometry, the sample is analyzed with high precision.
- 4) **Results Delivery:**
Results will be sent either directly to you or to your doctor, based on your preference.

Important Questions to Ask Your Doctor

- Could my high blood pressure be caused by an underlying condition like primary aldosteronism?
- How might the ALDO+PA Test improve my diagnosis and treatment plan?
- Do my current medications affect the test results?
- Where can I take the test and how should I prepare?
- If my test results indicate primary aldosteronism, what are my treatment options?

Patients-Doctors Guide

ALDO+PA – high-performance screening for primary aldosteronism

For Doctors: Important Information concerning the ALDO+PA Test

The ALDO+PA Test is a CE-IVD-certified screening tool utilizing mass spectrometry to analyse Angiotensin I, Angiotensin II and Aldosterone in blood serum.

From these values, the Aldosterone-to-Angiotensin II Ratio (AA2-Ratio) is calculated – a validated biomarker for detecting primary aldosteronism. The test provides a clear screening result.

Why Use ALDO+ Instead of Traditional Tests?

- + Direct measurement of key biomarkers (unlike indirect renin-based methods)
- + Reliable results even for patients under ongoing anti-hypertensive therapy
- + Higher accuracy and reproducibility than ELISA-based tests
- + Compatible with recommendation and guidelines of the European Society of Hypertension (ESH)

Test procedures for Doctors:

- 1) Blood Collection: 0.5 ml serum (Standard serum tube). Collect sample in the morning before daily medication intake
- 2) Sample Shipment: Organize the shipment to labors.at for analysis. Alternatively, refer patients to a labors.at location for blood collection

Analysis & Result Interpretation

The sample is analyzed via mass spectrometry for precise biomarker measurement. Results include a clear screening status with Yes/No answer for primary aldosteronism based on clinically validated cut-off levels. Additionally, the test provides further insights on anti-hypertensive drug efficacy and specific renal functions. Results available within 14 days and are delivered to either the patient or the referring physician.

Who Should Be Tested

Patients with the following conditions may benefit from the ALDO+PA Test:

- + Resistant or uncontrolled hypertension (despite multiple medications)
- + Hypertension Grade 2 or 3
- + Low potassium levels (hypokalemia)
- + Atrial fibrillation
- + Obstructive sleep apnea (OSA)
- + Adrenal incidentaloma
- + Family history of primary aldosteronism or early stroke
- + Hypertension in individuals under 40 years