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Secondary Hypertension

High blood pressure with a clear, underlying medical cause. Treating that cause can make it much easier to control.

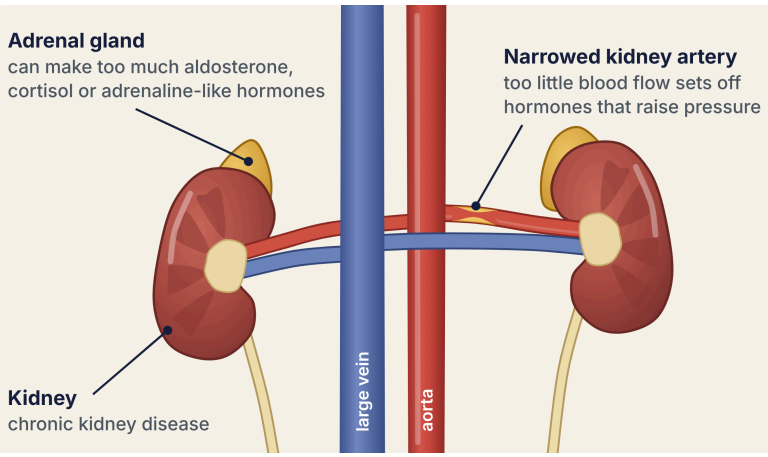
5 to 25%
is roughly the share of high blood pressure cases with a specific cause

Before 30
or after 55, a new diagnosis of high blood pressure is worth a closer look

Cured
is sometimes the result when the root cause is treated

COMMON CAUSES

Where the cause usually lies



Sleep apnea
It interrupts breathing during sleep, so oxygen levels drop and stress hormones surge. Many people who have it don't realize it.

Medicines and substances
Birth control pills, decongestants, NSAIDs and some antidepressants. Too much alcohol and stimulants like cocaine.

Most high blood pressure builds gradually with no obvious trigger. This kind often appears suddenly or at an unusual age.

WARNING SIGNS

Clues that point to a cause

Your blood pressure pattern
It started before age 30 or after age 55, suddenly became much harder to control, or hasn't come down on several medications.

Hormone clues
Headaches, sweating spells, a rapid heartbeat or anxiety attacks can mean excess adrenaline. Muscle weakness, urinating a lot or low potassium can mean an aldosterone problem.

Sleep apnea clues
Loud snoring, daytime fatigue, or someone noticing that you stop breathing in your sleep.

Being young and thin, with no family history of high blood pressure and no other risk factors, is a clue too.

Ask about a cause

If your blood pressure doesn't respond well to medications, or you are a young adult with any degree of high blood pressure, talk with your doctor about screening for secondary hypertension.

FINDING AND TREATING THE CAUSE

How the cause gets found and treated

HOW THE CAUSE GETS FOUND

not everyone needs every test

History and exam	Your doctor asks about your symptoms, medications and family background, and looks for specific signs during a physical exam.
Blood tests	These check kidney function, electrolyte levels and hormone levels. A simple ratio between two hormones, aldosterone and renin, can screen for adrenal gland problems. The 2025 guideline advises it with resistant high blood pressure, low potassium, sleep apnea, an adrenal lump found by chance, or a family history of early high blood pressure or stroke before 40.
Urine tests	These might measure stress hormones, or protein that points to kidney damage.
Imaging	Ultrasound can check kidney size and blood flow. A CT or MRI scan might show an adrenal gland tumor or a narrowed kidney artery.
Sleep study	This can diagnose sleep apnea if your symptoms suggest it.
Confirming	Your doctor picks tests for your situation. A positive screening result often needs more testing to confirm it before treatment starts.

TREATMENT DEPENDS ON THE CAUSE

Narrowed kidney artery	Angioplasty to open the blocked vessel, specific blood pressure medications that protect kidney function, or surgical bypass in severe cases.
Adrenal gland disorders	Too much aldosterone responds to mineralocorticoid receptor antagonists, a type of medicine that blocks aldosterone. Surgery to remove an adrenal tumor helps when only one gland is affected.
Sleep apnea	CPAP therapy, weight loss and sometimes surgery.
Medicines and substances	Identifying and stopping the medication that raises your pressure, when that's possible.

VERY HIGH READINGS

Call 911	Above 180/120 with chest pain, shortness of breath, weakness or numbness, vision changes, confusion or a severe headache.
Call the office	Above 180/120 with no symptoms. Rest 5 minutes and recheck, then call the same day.

WHAT TO EXPECT

The outlook is often excellent when the cause can be treated. Some people's high blood pressure goes away completely. Others find it much easier to control with fewer medications. Early treatment helps prevent heart attack, stroke and kidney damage.

READ THE FULL ARTICLE

damianrasch.com/
secondary-hypertension

For education only, and not a substitute for advice from your own physician. Condensed from Dr. Rasch's article on secondary hypertension at damianrasch.com, which cites the 2025 AHA/ACC high blood pressure guideline.

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