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# Spironolactone and Eplerenone

*Old, inexpensive pills that can finish the job when blood pressure stays stubborn, kept safe by a simple blood test.*

**1 week**
first potassium and kidney blood test comes within the first week of starting

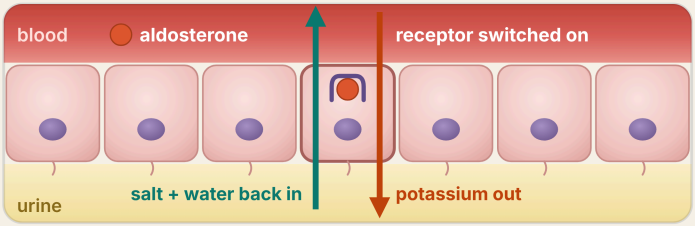
**~⅓**
lower risk of death with spironolactone in severe heart failure

**~8%**
of men on spironolactone get breast tenderness, under 1% on eplerenone

HOW THEY WORK

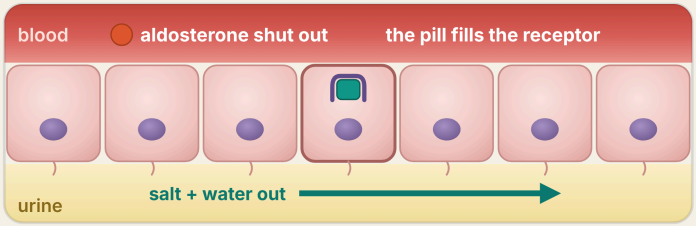
## They block a salt-holding hormone

**Aldosterone at work**




Salt and water are held in the blood, raising pressure. Potassium is thrown away.

**Aldosterone blocked**




Extra salt and water leave in the urine, so pressure eases. Potassium is kept.

Aldosterone tells your kidneys to hold onto salt and water, which raises blood pressure. Spironolactone and eplerenone block that signal, so the extra salt and water leave in your urine and the pressure eases. When blood pressure stays high despite three medications taken correctly, including a water pill, guidelines name spironolactone as the preferred fourth pill. On these pills you also hold onto a little more potassium.

WHICH ONE

## Spironolactone or eplerenone

**Spironolactone**
25 to 50 mg once a day, taken with food, which roughly doubles how much you absorb. Stronger per milligram and very low cost. It also blocks male-type hormones, the source of its hair and skin bonus and of breast tenderness in men.

**Eplerenone**
50 mg once or twice a day. About half as strong per milligram, so it's dosed higher to control pressure about as well. Breast tenderness is rare. It costs more and interacts with a few medications that spironolactone does not. Dr. Rasch usually picks it for men.

**The pill and the test**

The pill is excellent, the monitoring is simple, and the two go together. Don't skip the early lab check. That one blood test is what turns a powerful medication into a safe one.



POTASSIUM SAFETY AND LAB CHECKS ARE ON THE BACK

TAKING THEM SAFELY

# Potassium, lab checks and who needs extra care

## STARTING AND CHECKING

set by your doctor

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| **Starting dose** | Usually 25 mg of spironolactone or 50 mg of eplerenone, moved up and rechecked if your labs look good and your blood pressure needs more help. |
| **Blood tests** | Potassium and kidney function before starting if there are no recent numbers, within the first week, after any dose increase, then on a regular schedule. |
| **Other checks** | Electrolytes, uric acid and blood sugar from time to time, plus home blood pressure readings to show the pills are working. |

## PROTECT YOUR POTASSIUM

high potassium has no symptoms

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| **It's silent** | You will feel completely normal until a blood test shows it. If potassium climbs high enough, it can disturb the heart's electrical rhythm. |
| **Salt substitutes** | Go easy. Most are made of potassium chloride, and combining them with these pills can push your level too high. |
| **New medicines** | Ask before adding any medication or supplement, including over-the-counter potassium and the common blood pressure pills that act on the same hormone system. |
| **The numbers** | Guidelines differ, so follow your doctor's numbers. Above 5.5 usually means a lower dose or a pause. One common scheme lowers the dose at 5.5 to 5.9 and stops at 6.0 or higher. |
| **Call 911** | Palpitations, fainting, marked muscle weakness or a very slow pulse. Don't drive yourself. |
| **Same-day call** | An abnormal potassium result, vomiting or diarrhea, or starting an NSAID painkiller like ibuprofen. |

## USE EXTRA CARE

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| **Kidney disease** | Potassium builds up more easily. Dr. Rasch does not rule the medication out for kidney patients. He starts lower, monitors more closely and sometimes decides the risk is not worth it. |
| **Potassium already high** | The same caution applies when your potassium already runs high. |
| **Dehydration** | You can lose too much fluid if you become dehydrated, especially alongside other blood pressure medications. |
| **Pregnancy** | A clear reason to avoid spironolactone, because of its hormone-blocking action. |

## SIDE EFFECTS AND BONUSES

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| **Breast tenderness in men** | Tenderness or swelling in roughly 8 percent of men on spironolactone, more at higher doses. Not dangerous, and it usually reverses once the medication is stopped or switched. |
| **Hair and skin** | Some patients on spironolactone notice thicker scalp hair and clearer skin, though the change takes months. Eplerenone does not share this. |
| **Cancer worry** | A large 2022 review found no convincing link to cancer at the doses used. |

## WHEN PRESSURE WON'T BUDGE

A lot of stubborn high blood pressure is driven by too much aldosterone, sometimes from a small, benign overactivity in the adrenal glands (primary aldosteronism). Ask whether a simple aldosterone blood test makes sense for you.

## READ THE FULL ARTICLE

damianrasch.com/
spironolactone-eplerenone

For education only, and not a substitute for advice from your own physician. Sources include the FDA labels for spironolactone and eplerenone, Azizi et al. (JAMA 2026), the 2022 AHA/ACC/HFSA heart failure guideline and Bommareddy et al. (JAMA Dermatology 2022).

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