SECONDARY HYPERALDOSTERONISM

ICD-10 Code
- Secondary hyperaldosteronism – E26.1 (HCC 23)

**Laboratory findings** are typically consistent with hypokalemia, mild hypernatremia, and mild hypomagnesemia.

Any condition reducing renal perfusion can lead to secondary hyperaldosteronism.

Decreased blood flow to the kidneys results from:
- impaired cardiac function in heart failure, or
- portal hypertension in cirrhosis

In both cases, this triggers the renin-angiotensin-aldosterone system which results in a state of increased aldosterone caused by a condition outside the adrenal glands.

**Secondary hyperaldosteronism can be diagnosed if one of the following is present:**

- Class III or IV heart failure with or without edema
- Class I or II heart failure with edema or diuretic use/prescription
- Cirrhosis with ascites, edema or diuretic use/prescription
- Unexplained hypokalemia in the presence of cirrhosis or heart failure while not on a diuretic

**Potential Treatment Options**

- Patients with secondary hyperaldosteronism may benefit from loop diuretics.
- Certain patients may benefit from aldosterone receptor blockade by spironolactone or eplerenone.
- Close monitoring for hyperkalemia is necessary.

**Documentation Tips**

- Document the clinical findings which lead to the diagnosis of the primary condition responsible for the aldosteronism and its status, the diagnosis of secondary aldosteronism, and a plan of care.
- As with most secondary diagnoses due to an underlying primary condition, the causal condition should be identified and documented, if known.

**For Example:**

- Secondary aldosteronism (E26.1) due to heart failure (I50.9)
- Alcoholic cirrhosis of liver with ascites (K70.31) and secondary hyperaldosteronism (E26.1)
- Aldosteronism, secondary (E26.1) due to severe renal artery stenosis (I70.1)

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**Encounter Documentation Example**

**HPI:** Patient with Class III HF presents for f/u.

**PE:** WD/WN male SOB with walking, but not at rest. Chest: clear; Heart: RRR with gallop; Ext: 3+ pitting edema.

**Assessment:**

- HF (I50.9); Class III by symptoms and exam.
- Secondary hyperaldosteronism (E26.1); clinically evidenced by edema due to Class III HF as above

**Plan:** Continue furosemide and spironolactone therapy and monitor for hyperkalemia and worsening signs and symptoms

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**References**

- [fpnotebook.com/endo/adrenal/Hyprldstrnsm.htm](https://fpnotebook.com/endo/adrenal/Hyprldstrnsm.htm)