

Hypertension

Prevalence and Risk Factors for Secondary Hypertension in Young Adults

[Jean-Baptiste de Freminville](#) , [Margherita Gardini](#) , [Antoine Cremer](#), [Scarlett Camelli](#), [Stephanie Baron](#) , [Guillaume Bobrie](#), [Philippe Gosse](#) 
 , ... [SHOW ALL](#) ..., and [Laurence Amar](#)   | [AUTHOR INFO & AFFILIATIONS](#)

Hypertension [Volume 81, Number 11](#) <https://doi.org/10.1161/HYPERTENSIONAHA.124.22753>

 **542**

 GET ACCESS



Abstract

BACKGROUND:

The prevalence of secondary causes of hypertension in young adults is unknown, and therefore, there is no consensus about the indication of screening of secondary hypertension (2HTN) in this population. The objective was to report the prevalence and the causes of 2HTN in young subjects.

METHODS:

In this cross-sectional study, 2090 patients with confirmed hypertension aged 18 to 40 years with full workup for 2HTN screening were included. We assessed the prevalence of 2HTN and analyzed the factors associated.

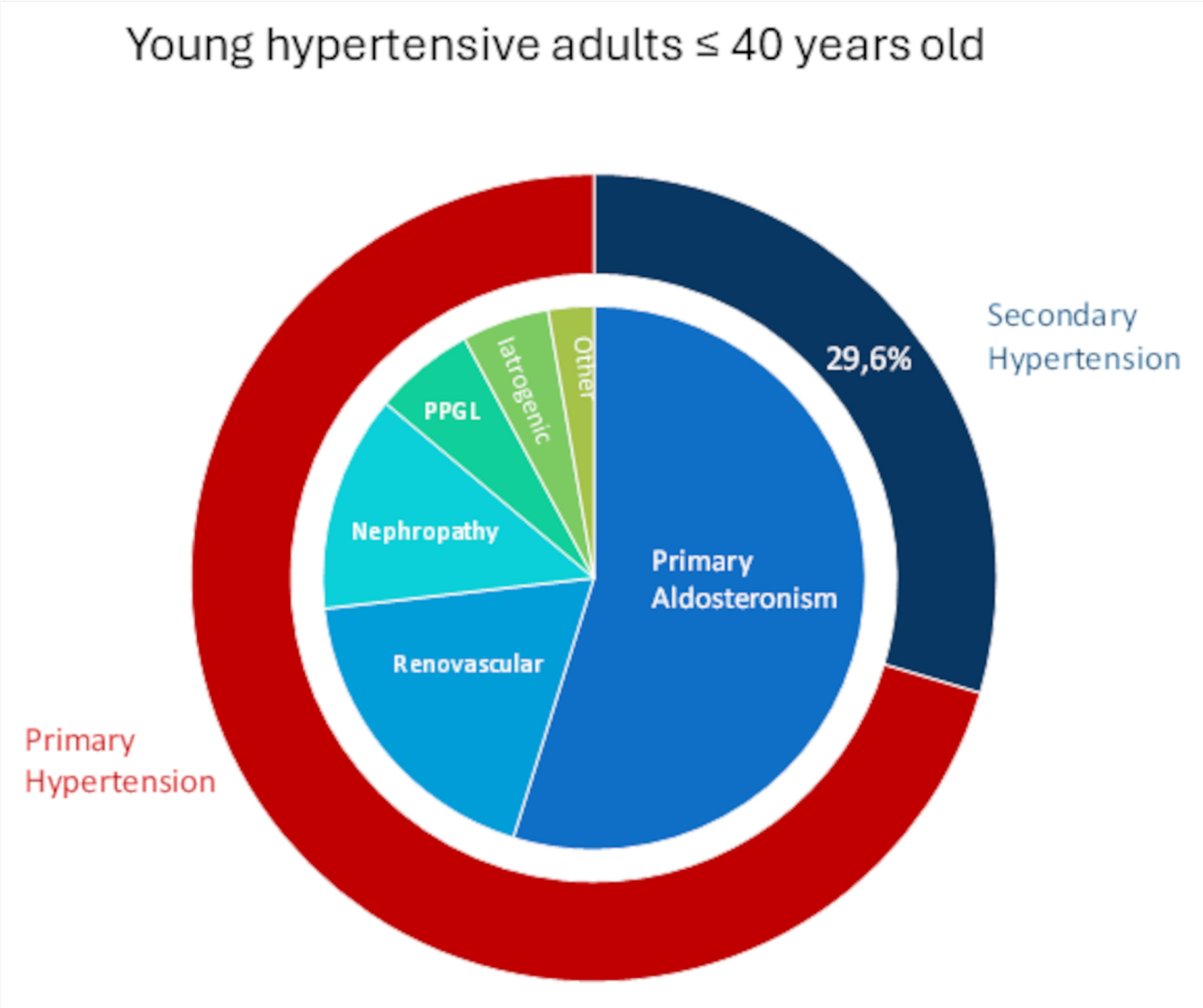
RESULTS:

Among 2090 patients, 619 (29.6%) had a 2HTN. The most frequent diagnoses of 2HTN in descending order were primary aldosteronism (n=339; 54.8%), renovascular hypertension (n=114; 18.4%), primary kidney disease (n=80; 12.9%), pheochromocytoma/functional paraganglioma (n=37; 5.9%), hypertension caused by drugs or substances (n=32; 6.0%), and other diagnoses (n=17; 2.7%). Patients with blood pressure <160/100 mm Hg did not have a lower prevalence of 2HTN regardless of the number of treatments. The prevalence of 2HTN was higher in the decade between 30 and 40 years of age than between 18 and 30 years of age (*P*=0.024). Female sex, hypokalemia, treatment with at least 2 medications, no familial history of hypertension, body mass index <25 kg/m², and diabetes were associated with a higher prevalence of 2HTN.

CONCLUSIONS:

The prevalence of 2HTN is high among young patients with hypertension (29.6% in our cohort), regardless of age and blood pressure level. All patients with hypertension under 40 years of age should be screened for secondary causes.

Graphical Abstract



Get full access to this article

View all available purchase options and get full access to this article.

GET ACCESS

ALREADY A SUBSCRIBER? SIGN IN AS AN [INDIVIDUAL](#) OR VIA YOUR [INSTITUTION](#)

Supplemental Material

File (hyp_hype-2024-22753d_supp2.docx)

[DOWNLOAD](#)

252.07 KB

REFERENCES

1. Forouzanfar MH, Liu P, Roth GA, Ng M, Biryukov S, Marczak L, Alexander L, Estep K, Hassen Abate K, Akinyemiju TF, et al. Global burden of hypertension and systolic blood pressure of at least 110 to 115 mm Hg, 1990–2015. *JAMA*. 2017;317:165–182. doi: 10.1001/jama.2016.19043

-
- Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: analysis of worldwide data. *Lancet*. 2005;365:217–223. doi: 10.1016/S0140-6736(05)17741-1

[Crossref](#) | [PubMed](#) | [Google Scholar](#)

- Zhou B, Bentham J, Cesare MD, Bixby H, Danaei G, Cowan MJ, Paciorek CJ, Singh G, Hajifathalian K, Bennett JE, et al. Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19.1 million participants. *Lancet*. 2017;390:27–55. doi: 10.1016/S0140-6736(16)31010-5

SHOW ALL REFERENCES

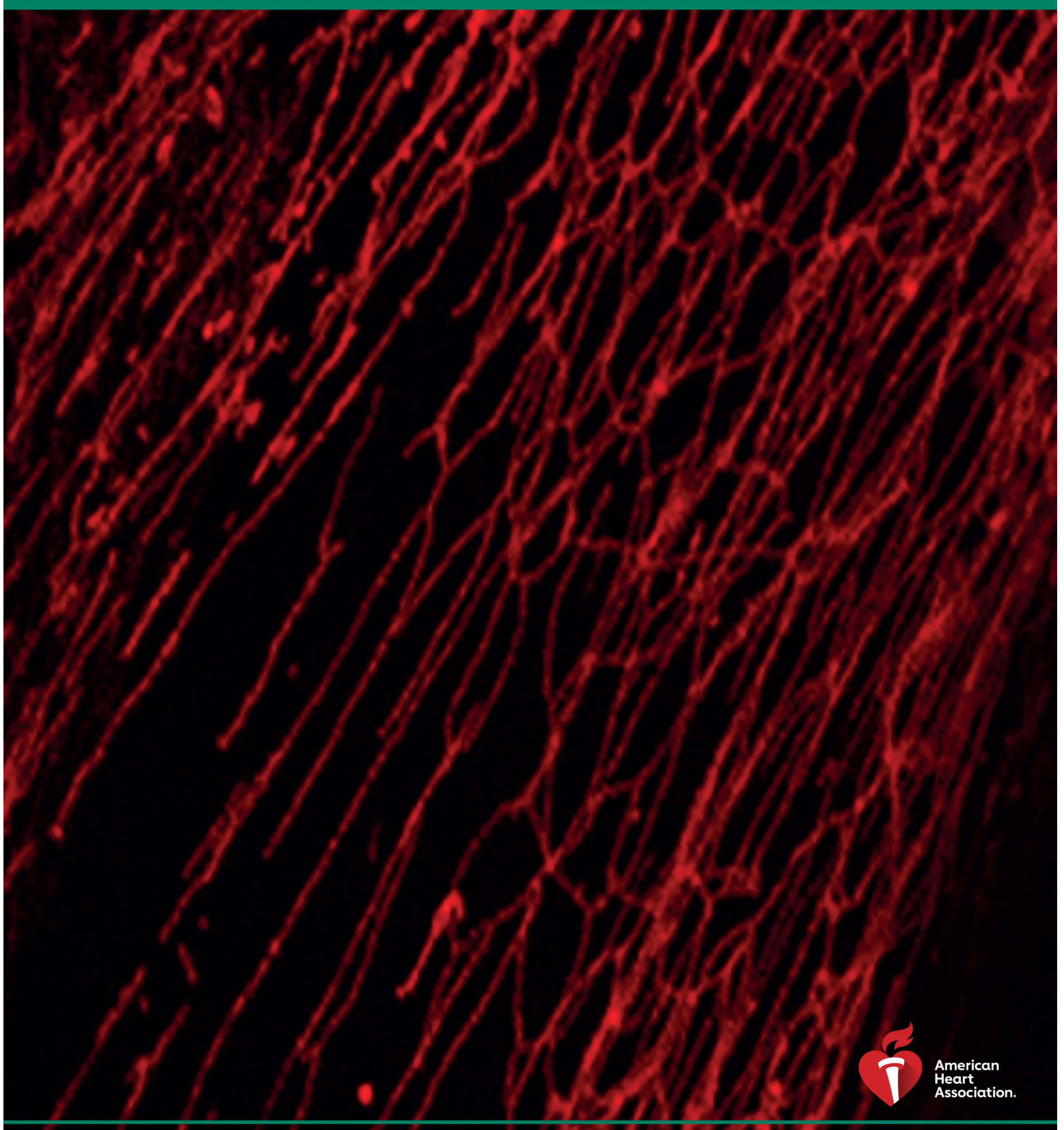
eLetters

eLetters should relate to an article recently published in the journal and are not a forum for providing unpublished data. Comments are reviewed for appropriate use of tone and language. Comments are not peer-reviewed. Acceptable comments are posted to the journal website only. Comments are not published in an issue and are not indexed in PubMed. Comments should be no longer than 500 words and will only be posted online. References are limited to 10. Authors of the article cited in the comment will be invited to reply, as appropriate.

Comments and feedback on AHA/ASA Scientific Statements and Guidelines should be directed to the AHA/ASA Manuscript Oversight Committee via its [Correspondence](#) page.

SIGN IN TO SUBMIT A RESPONSE TO THIS ARTICLE

Hypertension



Volume 81, Number 11, November 2024

ISSN 0194-911X
www.ahajournals.org/journal/hyp

ADVERTISEMENT

[ADVERTISEMENT](#)

[View full text](#) | [Download PDF](#)

Hypertension

SUBMIT

BROWSE

RESOURCES

INFORMATION

Arteriosclerosis, Thrombosis, and Vascular Biology

Circulation

- Circulation Research
- Hypertension
- Stroke
- Journal of the American Heart Association
- Circulation: Arrhythmia and Electrophysiology
- Circulation: Cardiovascular Imaging
- Circulation: Cardiovascular Interventions
- Circulation: Cardiovascular Quality & Outcomes
- Circulation: Genomic and Precision Medicine
- Circulation: Heart Failure
- Stroke: Vascular and Interventional Neurology
- Annals of Internal Medicine: Clinical Cases



National Center
7272 Greenville Ave.Dallas, TX 75231

Customer Service
1-800-AHA-USA-1
1-800-242-8721

Hours
Monday - Friday: 7 a.m. – 7 p.m. CT
Saturday: 9 a.m. - 5 p.m. CT
Closed on Sundays

Tax Identification Number
13-5613797

ABOUT US

- [About the AHA/ASA](#) >
- [Annual report](#) >
- [AHA Financial Information](#) >
- [Careers](#) >
- [International Programs](#) >
- [Latest Heart and Stroke News](#) >
- [AHA/ASA Media Newsroom](#) >

GET INVOLVED

- [Donate](#) >
- [Advocate](#) >
- [Volunteer](#) >
- [ShopHeart](#) >
- [ShopCPR](#) >

OUR SITES

- [American Heart Association](#)
- [American Stroke Association](#)
- [CPR & ECC](#)
- [Go Red For Women](#)
- [More Sites](#)

