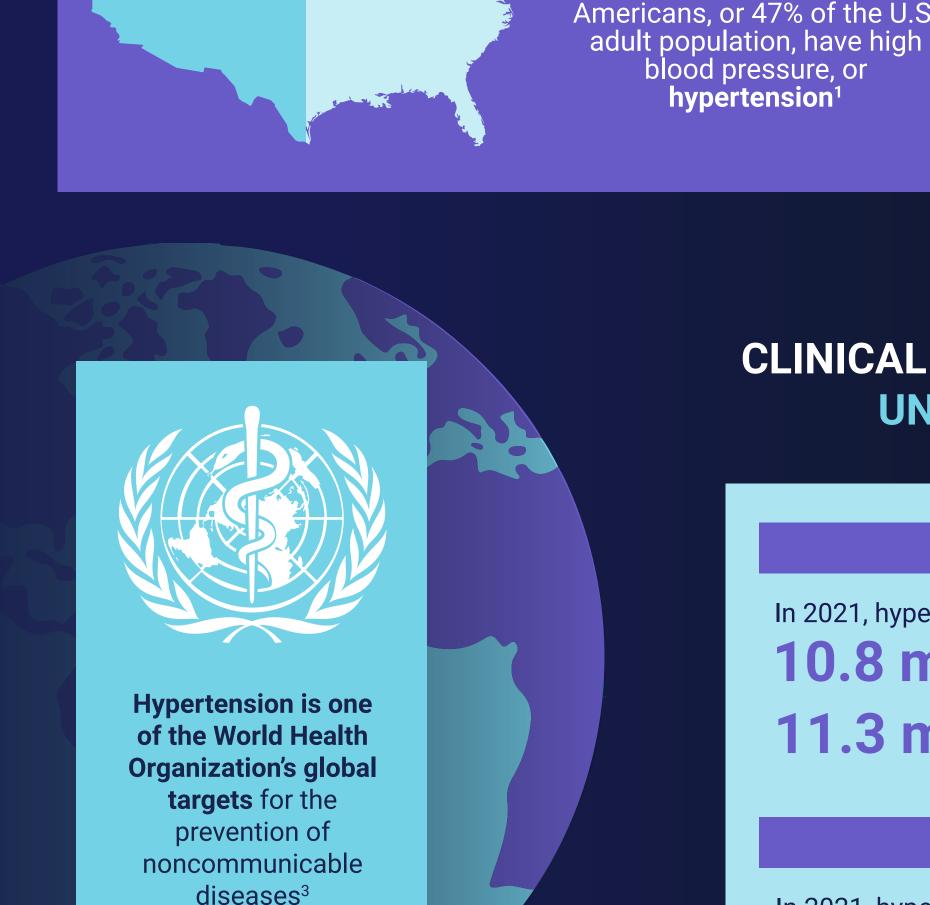
UNDERSTANDING THE BURDEN OF HYPERTENSION

hypertension¹

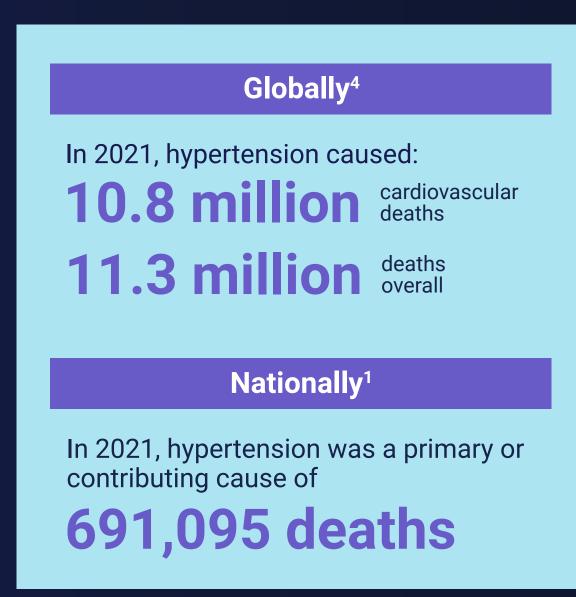
A PREVALENT DISEASE WITH URGENT UNMET NEEDS



HOWEVER 116 million less than 50% Americans, or 47% of the U.S.

of the overall U.S. adult population with hypertension (treated and untreated) are at goal²

CLINICAL AND ECONOMIC REPERCUSSIONS OF **UNCONTROLLED HYPERTENSION**

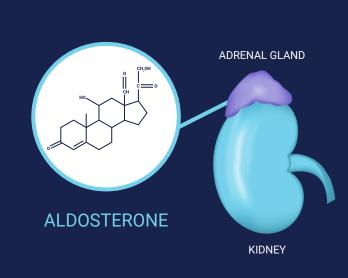




ALDOSTERONE: THE HIDDEN HORMONE DRIVING HYPERTENSION



hormone primarily made in the outer layer of the adrenal gland (called the adrenal cortex)



Genomic effects (mineralocorticoid receptor)

Helps retain salt and water in the body, driving blood volume and blood pressure

Aldosterone plays an important role in genomic and non-genomic effects of regulating blood pressure⁶

Non-genomic effects (GPR30 receptor)

Stimulates fibrosis, oxidative stress, inflammation, and myocardial cell hypertrophy

Dysregulated aldosterone drives many disorders, including:7-9



Hypertension



Chronic kidney disease



Obstructive sleep apnea



Left ventricular hypertrophy

Albuminuria



Heart failure Coronary artery disease



Diabetes

mellitus

Arterial fibrillation

Excess aldosterone production

Historically, aldosteronedriven hypertension has been thought of as a rare disease, but current data suggest that it has a high and largelyunrecognized prevalence¹⁰



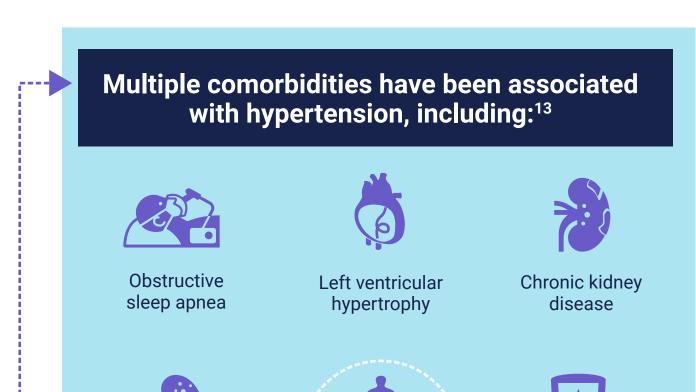
The adverse effects of excess aldosterone on the cardiovascular system are well establishedand the presence of excess aldosterone in patients with hypertension is underdiagnosed10-11



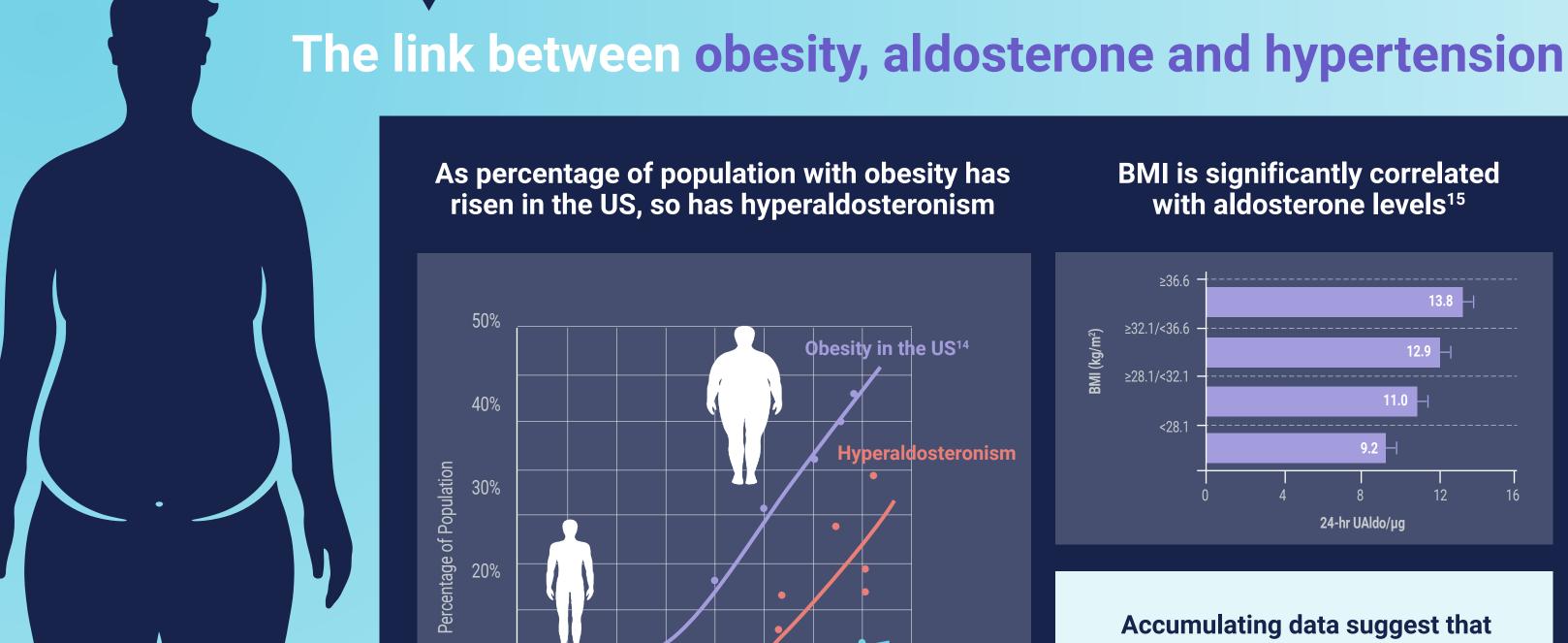
10%

0%

Further, growing evidence suggests that elevated aldosterone is prevalent in up to 25% of all patients with hypertension¹²



Obesity



1950 1960 1970 1980 1990 2000 2010 2020 2030

Accumulating data suggest that obesity-related excess aldosterone production represents a unique endotype, and targeted therapy may allow early identification, intervention and improved blood pressure control in obese individuals.

References

Age ≥65 Years