

14 December 2022

██████████
██████████
Tēnā koe ██████████

Official Information Act request HNZ00006161

Thank you for your Official Information Act 1982 (the Act) request of 4 November 2022 for information relating to the following:

I am requesting information about the diagnosis and treatment in the Auckland DHB for Secondary Hypertension, specifically Primary Aldosteronism - sometimes referred to as Conn's Disease. Conn's is a subset cause of Primary Hyperaldosteronism.

Specifically, I would like to know.

- 1. Number of endocrinologists employed by ADHB*
- 2. Number of Aldosterone Renin Ratio (ARR) tests run per year - 2015 to 2022.*
- 3. Number of Saline Suppression Tests run each year as confirmatory testing for Primary Aldosteronism - 2015 to 2022.*
- 4. Number of 24 hour urine collection tests run as confirmatory testing for 5. Primary Aldosteronism per year - 2015 to 2022*
- 6. Number of Adrenal Vein Sample (AVS) procedures done by ADHB Interventional radiologists to lateralise excess aldosterone production per year 2015 to 2022*
- 7. Number of adults in the ADHB in each year 2015 to 2022*
- 8. Number of Auckland ADHB adult patients diagnosed with with hypertension 2015 to 2022*
- 9. Number of ADHB patients currently prescribed Spironalactone (Spiractin) for secondary hypertension or Eplerenone on an exception basis for Secondary Hypertension. Currently access to Eplerenone (Inspra is limited to heart failure patients).*
- 10. Any information published by ADHP Endocrine or Pathology departments for Diagnostic pathways published for Primary Aldosteronism or Secondary Hypertension.*
- 11. Number of adrenalectomies for Conn's or Primary Aldosteronism done in Auckland ADHB per year 2015 to 2022. This would be for an aldosterone producing adenoma in the case of Conn's or unilateral hyperplasia in the case of Primary Aldosteronism.*

Response

Notes:

- *All events that are coded as on 29/11/2022*
- *All people 15 years and older are counted as Adults*

1. Number of endocrinologists employed

2.26 FTE

2. Number of Aldosterone Renin Ratio (ARR) tests run per year - 2015 to 2022.

3. Number of Saline Suppression Tests run each year as confirmatory testing for Primary Aldosteronism - 2015 to 2022.

Te Toka Tumai Auckland patients tested by Te Toka Tumai Auckland (Note 2022 = Jan 1st to Oct 31st)

Year	Q2 Aldosterone Renin Ratio	Q3 Saline Suppression *
2015	296	29
2016	301	39
2017	321	45
2018	311	55
2019	284	50
2020	284	52
2021	303	55
2022	210	41

* Q3 Saline suppression testing is number of tests run – The Lab has no information to confirm if the primary reason was as confirmatory testing for Primary Aldosteronism - 2015 to 2022.

4. Number of 24 hour urine collection tests run as confirmatory testing for 5. Primary Aldosteronism per year - 2015 to 2022

Note we have interpreted this as one question: “Number of 24 hour urine collection tests run as confirmatory testing for Primary Aldosteronism per year - 2015 to 2022 – Labplus indicated no Tests performed since 2015.

This affects the question numbering we were provided in your request. There is no fifth question.

6. Number of Adrenal Vein Sample (AVS) procedures done by ADHB Interventional radiologists to lateralise excess aldosterone production per year 2015 to 2022.

Year	No. of Patients who had AVS Procedure
2015	5
2016	8
2017	5
2018	4
2019	10
2020	11
2021	9
2022	3

7. Number of adults in the ADHB in each year 2015 to 2022

We are refusing this request citing s18(e) Official Information Act – the information requested does not exist. This is because we do not collect primary care diagnostic information from general practices, nor outpatient data. However we do collect data for inpatients and this is what we supply in the following table.

Year	No. of Events
2015	100,829
2016	106,363
2017	109,789
2018	109,807
2019	114,259
2020	106,277
2021	110,461
2022	100,911

8. Number of Auckland ADHB adult patients diagnosed with hypertension 2015 to 2022

We are refusing this request citing s18(e) Official Information Act – the information requested does not exist. This is because we do not collect primary care diagnostic information from general practices, nor outpatient data. However, we do collect data for inpatients and this is what we supply in the following table.

Code	Diagnostic Description	2015	2016	2017	2018	2019	2020	2021	2022
I10	Essential (primary) hypertension	5,411	5,033	4,681	4,652	3,025	1,976	2,191	1,724
I110	Hypertensive heart disease with (congestive) heart failure	15	17	18	21	13	22	20	17
I119	Hypertensive heart disease without (congestive) heart failure	10	8	13	11	8	5	14	16
I120	Hypertensive kidney disease with kidney failure	77	59	47	40	44	41	44	40
I129	Hypertensive kidney disease without kidney failure	61	68	64	58	48	28	40	35
I130	Hypertensive heart and kidney disease with (congestive) heart failure	9	21	15	30	28	50	45	51
I131	Hypertensive heart and kidney disease with kidney failure	1	3	1	3	6	2	13	9
I132	Hypertensive heart and kidney disease with both (congestive) heart failure and kidney failure		2	6	8	9	8	21	16
I139	Hypertensive heart and kidney disease, unspecified	3	9	14	23	20	14	18	16
I150	Renovascular hypertension	7	7	6	2	8	3		5
I151	Hypertension secondary to other kidney disorders	10	10	5	5	9	3	2	2
I152	Hypertension secondary to endocrine disorders	2		7	1	3	4	6	4

I158	Other secondary hypertension	5	5	3	7	7	7	6	10
I159	Secondary hypertension, unspecified	5	7	5	1	5	2	4	3

9. Number of ADHB patients currently prescribed Spironalactone (Spiractin) for secondary hypertension or Eplerenone on an exception basis for Secondary Hypertension. Currently access to Eplerenone (Inspra is limited to heart failure patients).

We are refusing this part of your request, citing s18(e) Official Information Act – the information does not exist.

10. Any information published by ADHB Endocrine or Pathology departments for Diagnostic pathways published for Primary Aldosteronism or Secondary Hypertension.

Please see attached:

- 1) Attachment 1 Adrenal Vein Sampling
- 2) Attachment 2. SI Test for Aldosteronism

11. Number of adrenalectomies for Conn's or Primary Aldosteronism done in Auckland ADHB per year 2015 to 2022. This would be for an aldosterone producing adenoma in the case of Conn's or unilateral hyperplasia in the case of Primary Aldosteronism.

We are partially refusing your request because it is not possible to produce data with the diagnosis criteria requested. We cite s18(e) Official Information Act – the information does not exist.

We can however provide data for the procedure Adrenalectomy.

Year	No of Patients who had Procedure Adrenalectomy
2015	13
2016	6
2017	20
2018	4
2019	5
2020	14
2021	16
2022	13

If you have any questions, you can contact us at h.nz.OIA@health.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Te Whatu Ora may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available on our website.

Nāku iti noa, nā



Dr Michael Shepherd
Interim District Director
Te Toka Tumai Auckland

[TeWhatuOra.govt.nz](https://www.health.govt.nz/te-whatu-ora)

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Te Kāwanatanga o Aotearoa
New Zealand Government