Table 6. Interfering Medications and Their Effects on Aldosterone and Renin

Effect on Renin or Aldosterone	Medication
Lower renin	β-Blockers, central acting alpha 2 agonist, α methyldopa, NSAIDs Combined estrogen and progesterone-containing OCPs and HRT decrease DRC
Raise renin	MRAs, diuretics including ENaC inhibitors, ARBs, ACE inhibitors, SGLT2 inhibitors Combined estrogen and progesterone-containing OCPs and HRT increase PRA Drospirenone blocks the MR and thus increases PRA and DRC
Lower aldosterone	ARBs, ACE inhibitors, β-blockers, central alpha 2 agonist, α methyldopa
Raise aldosterone	Diuretics*, MRAs Combined estrogen and progesterone-containing OCPs and HRT Drospirenone

*By promoting natriuresis, diuretics (including MRAs) may induce a rise in aldosterone secondary to a rise in renin/angiotensin II. In the case of thiazide or loop diuretics, however, this may be mitigated by the development of hypokalemia (which inhibits aldosterone production).

ACE, angiotensin-converting enzyme; ARB, angiotensin II–receptor blocker; CCB, calcium-channel blocker; DRC, direct renin concentration; HRT, hormone-replacement therapy; MRA, mineralocorticoid antagonist; OCP; oral contraceptive; PRA, plasma renin activity; SGLT2, sodium-glucose cotransporter 2.; ENaC – Epithelial Sodium Channel inhibitor