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The Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT) and Hypertension Australia (HA) Joint Scientific meeting was held in Adelaide from 9 – 12 December, 2025. This meeting showcased some fantastic research across pharmacology, toxicology, and hypertension, including Primary Aldosteronism. My attendance at this conference was supported by a travel grant generously provided by PACE.

I had the great privilege of presenting the data from a recent study in an oral presentation at this conference: A qualitative study exploring the basis of low screening and diagnostic rates, as well as sub-optimal management of Primary Aldosteronism (PA). This work revealed many factors influencing clinician decision-making in PA screening, diagnosis and management, including that PA screening is often considered in a narrow patient cohort, excluding older individuals and those living with multi-morbidity; that limited access to diagnostic services compromises screening and diagnostic workup, but; that cross-disciplinary and collegial decision-making facilitates optimal patient management.

The ASCEPT-HA conference provided an opportunity to learn about current cutting-edge research in hypertension to understand how my current work is situated within the current state of the field; share research recently undertaken by my colleagues and I, and; develop networks with others conducting hypertension research.

Over the 4 conference days, I attended a multitude of oral presentations, viewed posters and participated in workshops. I attended all 4 days of the conference and made the most of the jam-packed schedule, including joining in the early morning running club!

Some key highlights from the conference that were relevant to the work I am conducting, and will inform future directions for my research, included:

- Work presented by Niamh Chapman and colleagues running the WHO AUS HEARTS study, an intervention for BP measurement and protocol for management in diverse contexts. *Learnings from this approach may be relevant for future PA studies.*
- Ania Sanarawickerana, a GP, outlined challenges with acting on HTN – BP is routinely collected data that is recorded but not necessarily acted on. This clinician was interested in quality improvement, leveraging existing clinical practice software to identify patients that require further investigation. Most GPs don't have the knowledge or capacity to do this and there is no funding for QI activities for GPs to create interventions. *This is an area of opportunity for research and could be specifically leveraged for PA.*
- Mark Nelson presented the Menzies IDEAL study, where CVD risk was embedded in the pathology request forms – this then prompted GPs to treat (how this was set up was not described, but was done through Hobart pathology). *This may also be leveraged as a novel approach to PA detection and management.*

- Andrew Goodman – CSIRO e-research centre (Aboriginal community engagement) – emphasised the importance of building relationships through trusted partners. CONSIDER are the reporting guidelines for Aboriginal and Torres Strait Islander populations. *This is of relevance for research in diverse Australian communities.*
- Elisabeth Lambert explored psychological and social determinants of CVD in Intellectual disability by doing a small cohort study investigating early signs of CVD damage. A mobile lab tested people at their workplace (Yooralla). *There is a huge health outcomes gap in diverse communities – targeted research has a great potential benefit.*

In addition to gaining inspiration for several future follow-on projects, I was fortunate to be in the presence of many wonderful researchers. I spent time with Sonali Shah, an endocrinologist and PhD candidate from the Hudson Institute; Alexandra Gallagher, a nephrologist from Sydney with an interest in achieving reliable BP readings, and; a number of researchers from Markus Schlaich's group. I am hopeful that I will collaborate with many of these wonderful individuals on future projects.