

Women in Hypertension Spotlight



In this edition, Dr Audrey Adji (Director Hypertension Australia, Women in Hypertension portfolio) interviewed Associate Professor Jun Yang from Endocrine Hypertension Group at Hudson Institute of Medical Research, the winner of ECR Oral Finalist at the 2022 Annual Scientific Meeting. Jun and her colleague's recent work, detecting primary aldosteronism in the Australian primary care setting, was published in the Medical Journal of Australia [[Detecting primary aldosteronism in Australian primary care: a prospective study | The Medical Journal of Australia \(mja.com.au\)](#)]

1. What is your current role?

I am the Head of the Endocrine Hypertension Group at the Hudson Institute of Medical Research, Associate Professor within the Department of Medicine at Monash University, and Consultant Endocrinologist at Monash Health. I also lead the Patient Engagement Committee of the Primary Aldosteronism Foundation. My other roles include conference organiser, reviewer, cook, driver, year 10 parent representative and Joey Scout leader!

2. I realised that you are a strong advocate for detection of primary aldosteronism in hypertensive patients. Why choose primary aldosteronism as your main focus?

Everything happens by chance and that is how I landed in the field of primary aldosteronism. Back in 2009, 2 years into my PhD, one of my supervisors (Prof Peter Fuller) suggested that I write up a hospital protocol for the diagnosis of primary aldosteronism. It was somewhat related to my research on the signalling pathways of the mineralocorticoid receptor (the receptor for aldosterone). Once I started reading about the topic, I couldn't stop. There seemed to be so much disease out there, either not diagnosed or diagnosed too late. As a result, we were seeing patients with totally preventable cardiovascular disease, caused by decades of poorly controlled hypertension and aldosterone-mediated end organ damage. I felt driven by the need to improve our approach to hypertension so that everyone with primary aldosteronism can be diagnosed and treated (or even cured) early. Diagnosing both of my parents with primary aldosteronism was an unexpected outcome!

3. What would you expect to achieve by improving primary aldosteronism detection in primary care?

Hypertension is a very common problem in primary care, hence GPs play a crucial role in the timely diagnosis of primary aldosteronism. If they can detect primary aldosteronism early in the patient's hypertension journey, then targeted treatment (and potential surgical cure) can be offered to treat the root of the problem. In addition to lowering blood pressure, this approach can reduce unnecessary polypharmacy with ineffective antihypertensives, reduce cardiovascular risk and improve the patients' quality of life.

4. What current challenges are you facing and what are your strategies to overcome this?

There are challenges on the levels of research and implementation. Funding is needed for rigorous research that has the power to change clinical practice guidelines. Endless grant writing and frequent lack of success is a common story for many researchers. However, I just kept writing grants with wonderful collaborators, and we were fortunate to (finally) receive MRFF funding to evaluate both the outcomes of increased screening in primary care and strategies to improve diagnosis in tertiary care. Both grants involved research partners from around Australia – perhaps the multi-centre nature of our work contributed to the success. With regards to implementation, the knowledge that primary aldosteronism is a common cause of hypertension is not new, but it is still considered “rare” by many clinicians. It is difficult to change “old thinking” and “old habits”. I have

been very lucky to receive support from enthusiastic consumers and implementation scientists, as well as collaborators across different disciplines and influential organisations such as Hypertension Australia (previously known as High Blood Pressure Research Council of Australia), who are willing to work together to create change.

5. As a female researcher, we at times come across more barriers in our career. Do you have advice to your female colleagues?

An important piece of advice given to me was to “keep the burner on simmer and turn it up when you are ready”. I worked part-time for a number of years to look after my three children and only converted to full time when all of them were in primary or secondary school. During the part-time years, I kept going with the research albeit at a slower pace and applied for small grants every year to keep the track record going. Over the years, I have found it important to: *openly share ideas and learn from each other in the process of developing collaborations; * be responsive and keep ahead of deadlines if possible; * persevere but ask for advice to improve upon earlier failures; * take time out for other activities in life.

6. What is the highlight of your career?

The absolute highlight for me is being able to meet so many new people from around the world. Starting locally, I love mentoring and learning with my students. It is incredibly rewarding to see them complete research projects, present their findings at national or international conferences and publish their first (+ more) journal articles. Hopefully some of them will continue to develop academic careers. Then there are the researchers, clinicians, and consumers from all over the world who are connected through our common passion to improve the diagnosis and management of primary aldosteronism. With sincere gratitude to the Early Career Researcher Oral Presentation Award from Hypertension Australia, I will be off to Aberdeen in September to meet more researchers! These international connections have led to participation in conference organising committees, invited presentations, multi-centre studies and many other opportunities which contribute to personal growth and global impact.

Public education infographics

Have you seen our new printable resources with helpful tips on how to manage blood pressure? These infographics were created in response to a survey we ran to understand what the Australian public wanted to know about how to manage high blood pressure and what was the best format to deliver the information in. Thanks especially to Rachel Climie for driving this initiative and to the Executive Committee for their assistance in review.

Download printable versions [HERE](#)

2022 David Syme Research Prize & 2022 Grimwade Prize in Industrial Chemistry

THE DAVID SYME RESEARCH PRIZE

Nominations are now invited for the 2022 David Syme Research Prize. The Australia-wide prize recognises the best original research in Biology, Physics, Chemistry or Geology produced* in Australia during the past two years (1 January 2021 - 31 December 2022).

**Produced – e.g. published*

The David Syme Research Prize is managed by the Faculty of Science at the University of Melbourne.