

## Supplementary Data

### 1. COLLECTED DATA

**Demographic:** Age, sex.

**Comorbidities:** self-reported low sodium diet, hypertension, diabetes mellitus, chronic kidney disease, obstructive uropathy, urine infection, renal transplant, prior hyponatremia history, malnutrition, alcoholism, and primary adrenal insufficiency.

**Concomitant previous treatment:** glucocorticoid therapy (chronic: initiated  $\geq 6$  weeks before, short-term: initiated during the episode or the preceding 6 weeks), use of diuretics (loop diuretic, thiazide, and thiazide plus amiloride), heparin, non-steroidal anti-inflammatory drugs,  $\beta$ -blockers, aliskiren, angiotensin-converting enzyme inhibitors, angiotensin II receptor blockers, mineralocorticoid receptor blockers, trimethoprim, pentamidine, cyclosporine, and tacrolimus.

**Clinical/biochemical:** volemic status, levels of serum cortisol, plasma ACTH, serum aldosterone, plasma renin concentration, serum sodium, serum potassium, serum chloride, serum creatinine, serum urea, glycemia, plasma osmolality, venous/arterial whole blood pH, pCO<sub>2</sub>, blood bicarbonate, urine creatinine, urine sodium, urine potassium, urine osmolality, calculated trans-tubular potassium gradient, Urine potassium-to-creatinine ratio, fractional excretion of potassium, serum-urine potassium ratio, and urine sodium-to-potassium ratio.

### 2. TABLE 1

<b>Table 1. Supplements. Criteria used for diagnosis of hypoaldosteronism</b>
A. Non-fictitious persistent hyperkalemia: -At least 2 laboratory tests with hyperkalemia performed on different days -In addition to: ---Absence of an external potassium load ---Glomerular filtration rate $> 30$ ml/min/1.73 m <sup>2</sup>
B. Hypovolemic hyponatremia with elevated urine sodium ( $\geq 30$ mmol/L) persisting after diuretic withdrawal (at least five half-lives having elapsed), and having ruled out: -Bicarbonate administration -Cerebral salt-wasting -A proximal tubular disorder
C. Absence of hypokalemia
D. An adequate therapeutic response: -Improvement of the electrolyte disorder(s) with mineralocorticoid replacement therapy and/or volume and salt repletion with isotonic saline, hypertonic saline, or increased water and salt intake.
Diagnosis required the presence of A and/or B, together with C and D.