

TREATMENT DECISIONS ACCORDING TO 1-YEAR RISK MORTALITY IN PULMONARY ARTERIAL HYPERTENSION PATIENTS. A MULTICENTRE RETROSPECTIVE STUDY.

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Background and importance

The 2015 and 2022 ESC/ERS Guidelines for pulmonary hypertension treatment provide algorithms for decision-making based on patients' 1-year mortality risk, with strong recommendations to intensify treatment in patients with intermediate-high risk.


Aim and objectives

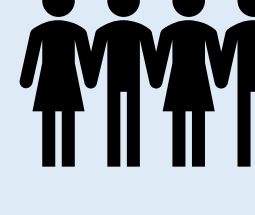
To assess whether treatment decisions in pulmonary arterial hypertension [PAH] patients are currently being made according to the treatment algorithms provided by the ESC/ERS Guidelines

Material and methods


✓ **Study design:** retrospective, descriptive, cross-sectional 

✓ **Setting:** two tertiary hospital. 

✓ **Study period:** March 2022 

✓ **Population:** adult PAH patients who initiated a PAH-specific therapy after 2016. 

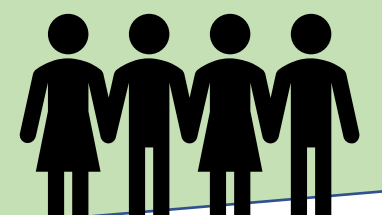
✓ **Variable collected:** demographics, PAH

subclassification according to aetiology, PH-specific drug initiated, World Health Organisation functional class [WHO-FC], 6-minute walking distance [6MWD], and N-terminal pro-brain natriuretic peptide [NT-proBNP]. 

✓ **Assessment:** 2022 ESC/ERS Guidelines algorithms .

Results

54.1% 45.9% 
50 (28-84) years 

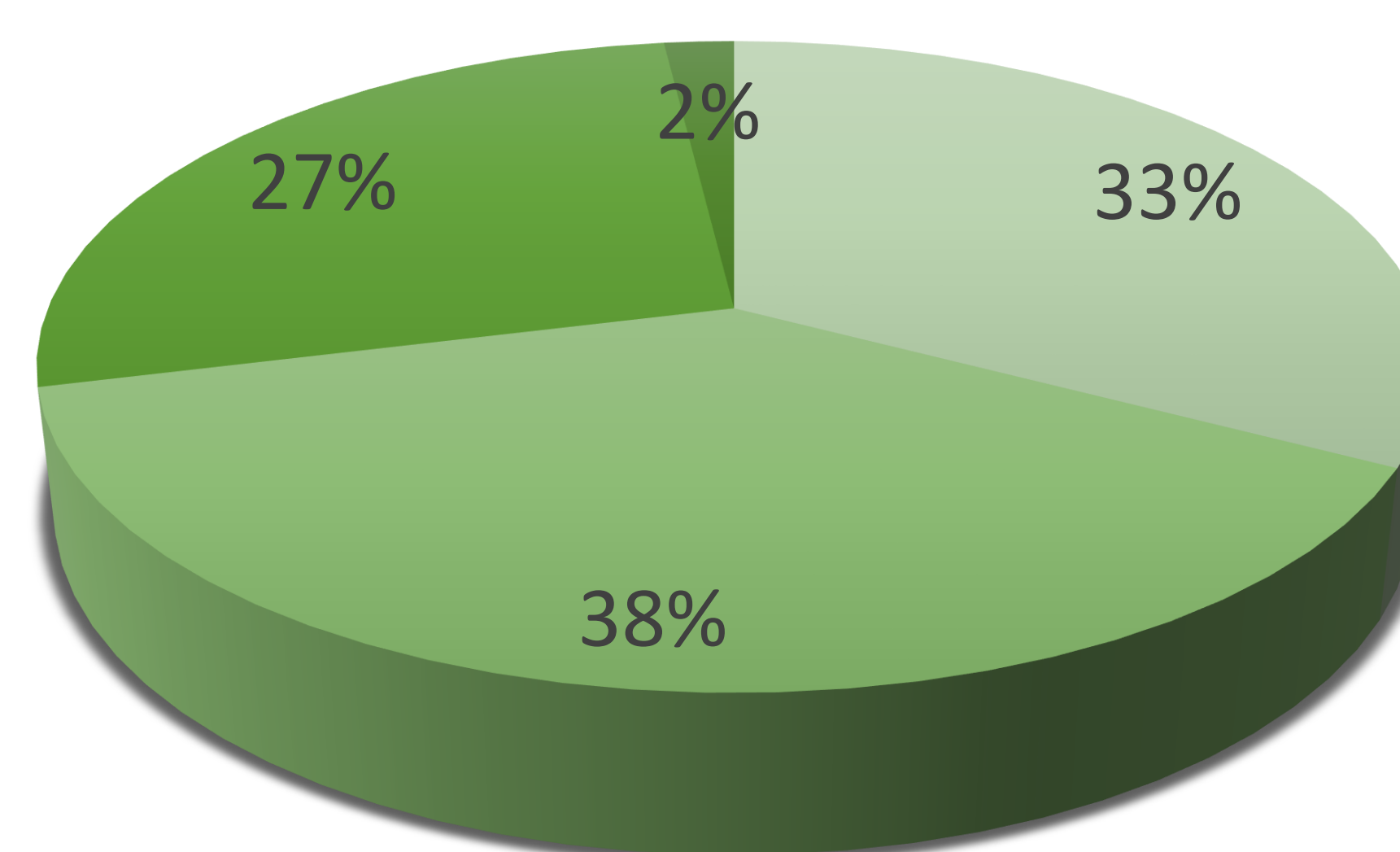
37 complied inclusion criteria 

Patients' PAH subsets


- Congenital heart disease 37.8%
- Portal hypertension 32.4%
- Connective tissue disease 5.4%
- Drugs and toxins 5.4%
- HIV infection 2.7%
- Idiopathic HAP 16.2%

52 changes in pulmonary-specific therapy 

1-year risk mortality



■ Low ■ Intermediate-low ■ Intermediate-high ■ High

36 treatment initiations according to clinical guideline algorithms 

most discrepancies

- **Selexipag** (n=9)
 - **Riociguat** (n=3)
- 

in patients with risk other than **intermediate-low**.

Conclusion and relevance

In this cohort of PAH patients whose 1-year mortality risk could be estimated, treatment decisions were generally made according to treatment guidelines. Patients' preferences could explain most discrepancies, as they may prioritise avoiding treatments that require parenteral administration, such as epoprostenol and treprostinil and rather try oral alternatives.

