Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/closing-diagnostic-gaps-in-pulmonary-arterial-hypertension/84956/

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Closing Diagnostic Gaps in Pulmonary Arterial Hypertension

Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. Today, we'll hear from Dr. Marshaleen Henriques King, who's a Professor of Medicine at Morehouse School of Medicine in Atlanta. She'll be exploring how to close diagnostic gaps in pulmonary arterial hypertension. Here's Dr. King now.

Dr. King:
The groups most likely to be diagnosed late include younger patients, particularly those with underlying respiratory diseases such as asthma, because these respiratory conditions very often are considered to be the cause and explanation for shortness of breath, and pulmonary hypertension just doesn't get explored.

In addition, older patients with cardiovascular and respiratory comorbidities often are late to be diagnosed as well, for similar reasons. These comorbidities tend to be more common conditions that are more readily explored, and pulmonary hypertension just isn't considered early.

The fact that the symptoms for patients with pulmonary arterial hypertension and pulmonary hypertension are nonspecific in and of itself leads to a delay in diagnosis, since more common conditions are considered first. Once patients get diagnosed, the cost of medications and challenges in getting approval for the medications from their insurance companies often lead to additional delays.

Although guidelines recommend that patients with pulmonary arterial hypertension should be referred to pulmonary hypertension centers of care, there are a limited number of these centers, and several states don't have PH care centers. This makes it difficult, since some patients are not able to travel long distances to receive care at a PH care center.

I believe implementing best practice prompts in electronic medical records can help physicians consider pulmonary hypertension at an earlier stage as a differential diagnosis for patients with the symptoms of shortness of breath, chest pain, and syncope.

I also believe that creating a streamlined referral pathway to PH care providers can help patients receive specialized care faster.

Similar strategies have been implemented for other conditions, such as heart failure and COPD, and I think it's time for us to begin implementing these strategies for pulmonary hypertension patients. The European Society of Cardiology and the European Respiratory Society have jointly developed guidelines for managing pulmonary arterial hypertension. These guidelines propose a three-part approach to earlier diagnosis, which include screening high-risk patients without symptoms, testing early when at-risk patients develop symptoms, and looking for pulmonary hypertension in population-level settings such as pulmonary embolism follow-up clinics or breathlessness clinics.

Announcer:
That was Dr. Marshaleen Henriques King talking about delayed diagnosis in pulmonary arterial hypertension and strategies to overcome it. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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