

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-research-gaps-in-pulmonary-arterial-hypertension/84958/>

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Closing Research Gaps in Pulmonary Arterial Hypertension

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. John Kingrey, Director of the Pulmonary Hypertension Center at INTEGRIS Health in Oklahoma City. He'll be discussing gaps in pulmonary arterial hypertension, or PAH, research. Here's Dr. Kingrey now.

Dr. Kingrey:

We have, certainly, made tremendous efforts in trying to make pulmonary hypertension individualized, but we are not there yet. Certainly, standard practices that we apply to all patients with PAH seem to be effective to one degree or another. But are there certain classes of medicines or individualized medications that may not be having the impact that we think they are, because the populations that have been studied are not well represented? I'm sure that is the case.

With the methamphetamine population, that gap is huge. And it's not just on the intervention side. It has to do with diagnosis and recognition of disease in the community. One of the biggest struggles that we have in PAH generally is getting people too late in their course, because it wasn't recognized or the patient did not come to medical attention during what would have been considered earlier phases of their disease. And I think that is an element in the research realm that is, frankly, a black hole.

We know that there are obvious barriers. So it may be someone who's socioeconomically disadvantaged, which, certainly, in our addiction population, many of them are. But there are other patients who have other forms of PH who also come from a socioeconomically disadvantaged background. And I don't think that we have a great grip on what exactly limits us in our healthcare system of getting those people to care. We can't go and talk to primary care doctors about recognizing pulmonary hypertension if the patient never gets to the primary care doctor.

But I think we can do a much better job in education and initiatives in developing awareness. We've talked about this for decades in pulmonary hypertension. And there are efforts that way, but what actually works? What actually makes a difference? What translates into education that actually reflects earlier recognition and proper referral to a center or a physician who can help the patient? We certainly don't have a silver bullet there.

When we talk about addiction medicine and its interface with pulmonary hypertension, which now is absolutely essential, if we are really going to take care of the entire patient, we don't have information there that can help guide us, because we don't have information on the drugs and whether or not they have the impact that we think that they're having. No trial has included anybody that is actively using methamphetamines, and most trials do not allow inclusion for people who even have a history of methamphetamine use. We are working hard to improve that approach, but we also respect pharmaceutical companies and their need to minimize variables that could affect the outcome of clinical trials.

Announcer:

That was Dr. John Kingrey talking about barriers to early recognition and care in PAH. 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!