Improve screening and raising awareness

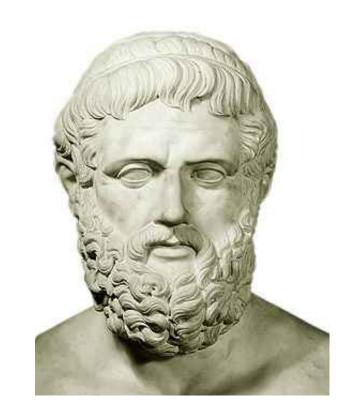
L. Godinas





"Look and you will find it - what is unsought will go undetected"

Sophocle



We find what we look for

We look for what we know

Diagnostic

We find what we look for

We look for what we know

Diagnostic

We find what we look for

We look for what we know

Diagnostic

Screening

We find what we look for

We look for what we know

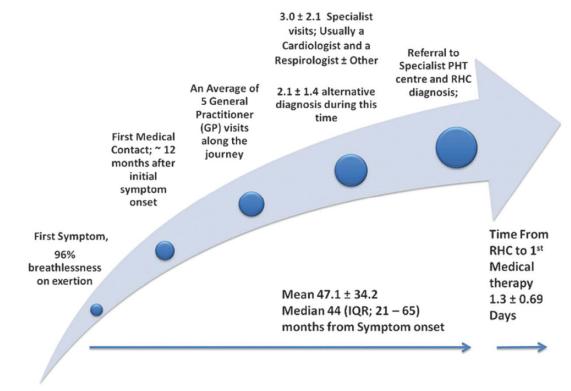
We find what we look for

We look for what we know

Awareness

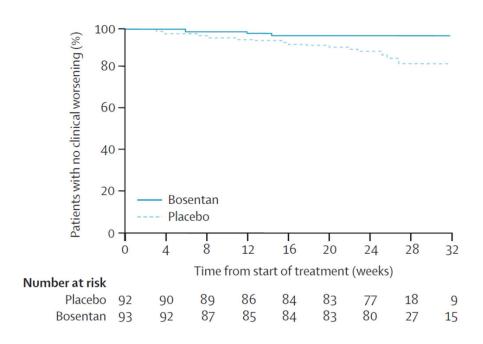
Even more true for rare diseases!

Time between symptoms and diagnostic is still too long



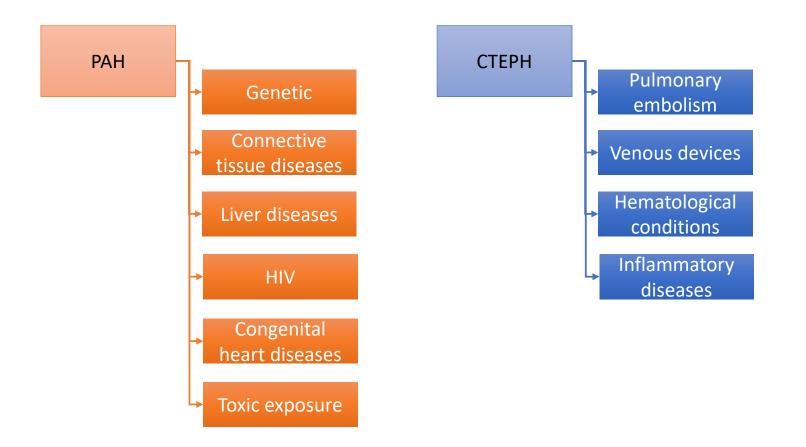
Until 4 years for a diagnostic, just one day to start a treatment

Early diagnosis in PH improves outcomes



PAH patients with mild disease (WHO FC II) treated early have beter outcomes

Who could be screened for PH?



Unexplained shortness of breath

Does screening work?

TABLE 5 Comparison of clinical and haemodynamic characteristics at diagnosis of pulmonary arterial hypertension (PAH) patients identified in DELPHI-2 and the index cases in their family

	Index cases	DELPHI-2 PAH patients	p-value
Subjects	31	5	
Clinical characteristics			
Female	22 (71)	4 (80)	0.90
Age years	38 (5–63); (26–47)	50 (26–78); (41–74)	0.06
NYHA FC			
I	0	3	< 0.001
II	4	2	
III	18	0	
IV	7	0	
6MWD m	356 (0-530); (304-400)	420 (397–533); (408–512)	0.02
Haemodynamic characteristics			
mPAP mmHg	58 (45–95); (51.5–72.3)	29 (25–50); (25.8–44.8)	< 0.001
Cardiac output L·min ⁻¹	3.46 (1.85-5.9); (2.65.9-4.13)	4.05 (3.27-7.27); (3.77-5.25)	0.14
Cardiac index L·min ⁻¹ ·m ⁻²	2.10 (1.14-3.7); (1.61-2.42)	2.36 (1.94-4.38); (2.22-3.20)	0.14
PAWP mmHg	8 (1-19); (5-9)	7 (5–8); (6.5–8)	0.6
PVR WU	15.4 (7.6–31.8); (12.1–22.1)	7.3 (2.5–9.2); (4.0–9.2)	0.001

Data are presented as n, n (%) or median (minimum—maximum range); (interquartile range), unless otherwise stated. NYHA FC: New York Heart Association Functional Class; 6MWD: 6-min walk distance; mPAP: mean pulmonary arterial pressure; PAWP: pulmonary arterial wedge pressure; PVR: pulmonary vascular resistance.

Does screening work?

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How can we improve the recognition of PH?

Medical education

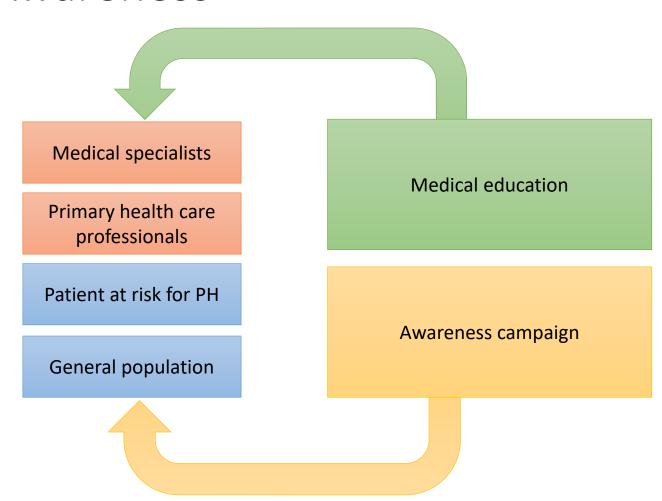
Awareness campaign

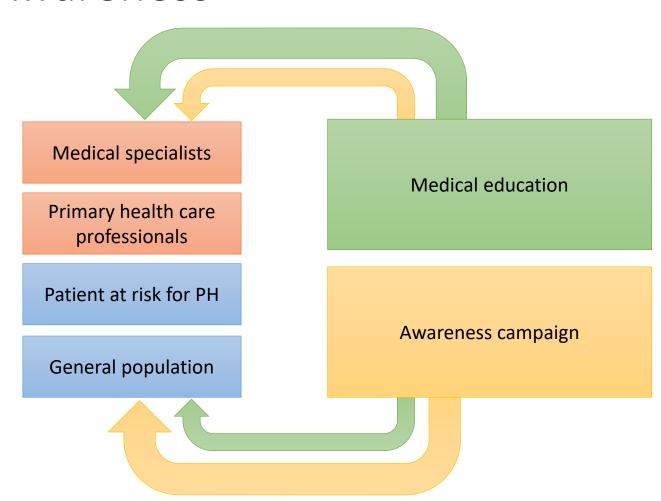
Medical specialists

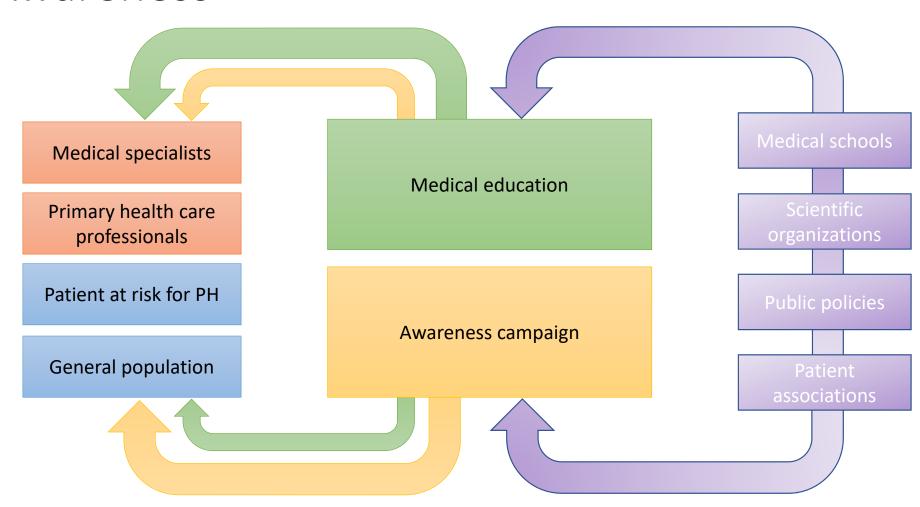
Primary health care professionals

Medical education

Awareness campaign







- World Pulmonary
 Hypertension Day since
 2012 (5th May)
 (www.worldphday.org)
- Increase awareness and understanding of the disease to promote early diagnosis



Call to action

- Initiate PH awareness campaigns for both professionals and public
- Create training programs on PH for health care professionals
- Create national screening and diagnosis programs, tailored to PH patient subgroups
- Raise awareness of the potential for curative treatment for chronic thromboembolic pulmonary hypertension (CTEPH) and the need to appropriately screen and evaluate CTEPH patients