

Assessment of Risk of Disease Progression in Pulmonary Arterial Hypertension

Insights From an International Survey of Clinical Practice

Jonathan E. Simons, Elena B. Mann, Adam Pierozynski

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PAH Initiative

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An International Study to Examine Risk Calculation in Clinical Practice

Survey of 90 cardiologists and pulmonologists from the United States, France, Germany, and Italy who managed at least 7 patients with PAH at the time of the survey

HCPs provided patient record forms for 623 patients

Clinical gestalt and risk calculation were compared for 365 patient record forms (59%) that included ≥ 2 measures needed to calculate risk

GESTALT

HCPs were asked

“In your opinion, how would you describe the patient’s current level of risk in terms of clinical worsening or death?”

HCPs were instructed to select low, intermediate, or high risk as their answer

RISK CALCULATION

Risk scores were calculated for all patient record forms that included ≥ 2 of the following risk variables:

WHO FC, 6MWD, BNP/NT-proBNP, RAP, CI, SvO₂

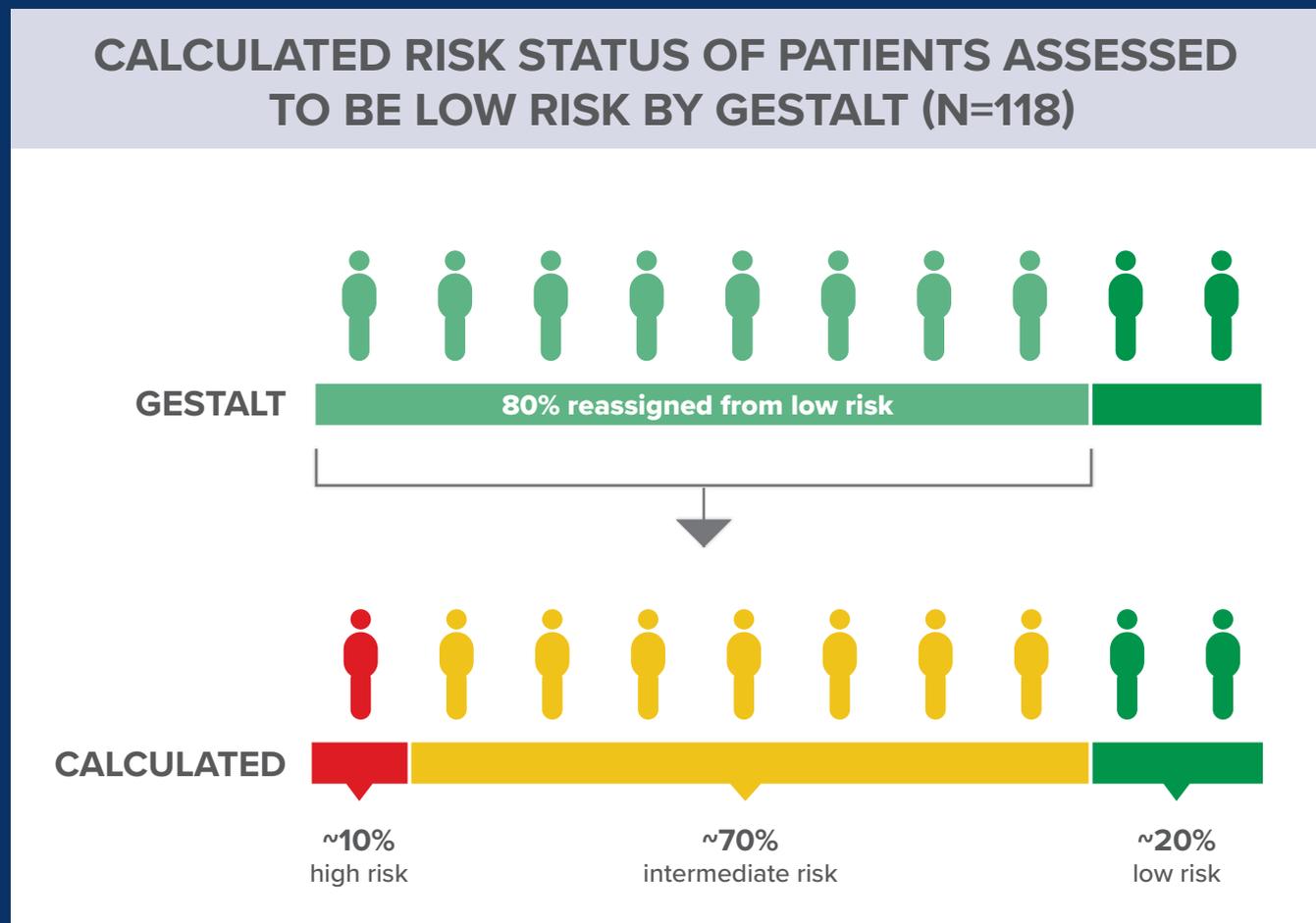
Each variable was assigned a score of 1, 2, or 3 based on low-, intermediate-, and high-risk thresholds defined in the ESC/ERS guidelines; average scores represented calculated risk

Is gestalt enough in risk assessment?

Discordance Between Physicians' Gestalt Judgment and Calculated Risk

In 365 patient record forms from 90 HCPs, only 20% of patients estimated to be low risk were calculated to be low risk

80% of patients estimated to be at low risk were reassigned to a worse risk category after formal risk calculation



When calculated, risk status aligned with gestalt in less than half (45%) the charts evaluated

6MWD=6-minute walk distance; BNP=brain natriuretic peptide; CI=cardiac index; ESC/ERS=European Society of Cardiology/European Respiratory Society; FC=Functional Class; HCP=healthcare provider; NT-proBNP=N-terminal pro-brain natriuretic peptide; RAP=right atrial pressure; SvO₂=mixed venous oxygen saturation; WHO=World Health Organization.