



ASSESSING ADHERENCE TO ESC/ERS GUIDELINES FOR VASOREACTIVITY TESTING

AND PRESCRIPTION OF CALCIUM CHANNEL BLOCKERS IN PULMONARY

HYPERTENSION PATIENTS

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Background and importance

Aim and objectives

The ESC/ERS Guidelines for treating pulmonary hypertension (PH) recommend vasoreactivity testing

during right heart catheterization for patients with idiopathic/hereditable/drug-associated PH (IPH/HPH/DAPH) and subsequent treatment with calcium channel blockers (CCB) in those with a positive result.

Material and methods

- ✓ <u>Study design</u>: multicentre, crosssectional, observational,
 retrospective study
- ✓ <u>Setting</u>: three tertiary hospital
- ✓ <u>Information:</u> from the Diraya[®] digital medical record.

✓ Patients:

176 Type-I PH patients treated between 2006 and 2023.

To evaluate the consistency in conducting vasoreactivity testing in patients with IPH/HPH/DAPH and

to ascertain whether positive test outcomes lead to the initiation of CCB therapy.

 ✓ <u>The data collected</u>: patients with a PH type-I diagnosis to identify IPH/HPH/DAPH ; catheterization data to find vasoreactivity testing→ positive→ prescriptions of CCB.

✓ <u>Safety assessment</u>: Estimation of



the number of patients who benefit from being treated with CCB blockers, calculating that 10% of these have proof of vasoreactivity +

Results 125/176 (71%) **women**

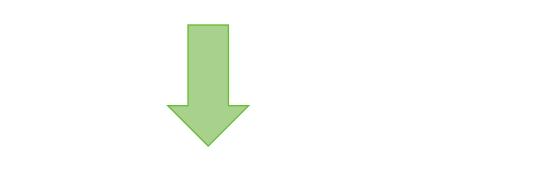
Median age of 58 (IQR: 45-69).
Aetiologies:

Congenital heart Disease,38.6% (68) Connective Tissue Disease 27.8% (49) Portopulmonary Hypertension 6.8% (12) HIV 3.4% (6) IPH 15.3% (27), 1.1% DAPH (2).



29 patients (27 IPH and two DAPH)

- Vasoreactivity testing :



12 patients \rightarrow vasoreactivity + \rightarrow BCC For <u>the remaining (17 patients)</u>:
4 missing catheterization data
13 underwent catheterization but
were not tested for vasoreactivity.

Approximately 1-2 patients may benefit from CCB.



Conclusion and relevance

Vasoreactivity testing was not consistently carried out in IPH/HPH/ADPH patients; a subset of patients could benefit from high dose CCB. For those patients with a positive result, CCB were adequately prescribed.
Hospital pharmacists could play a role in reviewing new prescriptions of PH-specific therapy in order to identify patients not tested for vasoreactivity.





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