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Therapeutic Options for the Treatment of Pulmonary Hypertension

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Treatment Options for

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Pulmonary hypertension refers to an abnormal elevation of pulmonary artery (PA) pressure (mean PA pressure > 25 mm Hg at rest and 30 mm Hg with exercise) and can be caused by or associated with a wide variety of conditions. According to the most recent classification of pulmonary hypertension developed in Venice in 2003, [1] pulmonary hypertension can be attributed to:

The therapy of pulmonary hypertension depends on the identification of underlying contributing factors. PAH, which can be idiopathic (formerly referred to as primary pulmonary hypertension) or related to connective tissue disease (usually scleroderma), portal hypertension, HIV disease, ingestion of certain drugs or toxins, or congenital heart disease, had no specific therapy until recently. However, the past decade has seen remarkable progress, and these heretofore devastating and usually lethal forms of pulmonary hypertension now often respond to one form of therapy or another, leading to improved functional capacity and even survival. The following will consider the major pharmacotherapies now available for PAH and suggest a framework for therapeutic decision-making.

General Approach

Some therapies have long been available to treat pulmonary hypertension and are still of

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