

**Harvard Medical School Department of  
Continuing Education and the Cardiovascular  
Division of the Department of Medicine,  
Brigham and Women's Hospital**



***Cardiology Rounds***  
**December 2003**

**New therapies for pulmonary hypertension.**

By Stuart R. Rich, M.D.

**Objectives:**

Pulmonary hypertension is now viewed as a vascular disease produced by the proliferation of endothelial and smooth muscle cells. These structural changes coupled with vasoconstriction lead to a disabling increase in pulmonary vascular resistance and premature death. In recent years, the therapeutic approach to this fatal disorder has been dramatically improved.

In this issue of *Cardiology Rounds*, Dr. Stuart Rich, a pioneer in the therapy of primary pulmonary hypertension (PPH), provides a comprehensive approach to the various therapeutic options. The objective of this issue is to provide the reader with the background and rationale for therapeutic strategies as well as critical information about the modes of treating patients with PPH.

**TEST:**

1. In addition to preventing deep vein thrombosis, anticoagulation is associated with improved survival for patients with PPH.  
True       False
2. Calcium channel blockers are helpful as long-term treatment for pulmonary hypertension even in patients who fail to respond to acute vasodilator testing.  
True       False
3. Patients who fail to improve on bosentan 125 mg bid may be safely increased to 250 mg bid.  
True       False
4. Epoprostenol may be helpful as a long-term therapy for pulmonary hypertension even the patients who fail to respond to acute vasodilator testing.  
True       False

5. Like epoprostenol, treprostinil has been shown in clinical trials to improve symptoms, exercise tolerance, and hemodynamics.

True       False

6. By elevating levels of cyclic GMP, an effect similar to inhaled nitric oxide, sildenafil may prove to be an effective agent for pulmonary hypertension.

True       False

7. Exercise testing is an adequate assessment tool to measure the efficacy of therapies for patients with pulmonary hypertension.

True       False

To receive AMA category 1 credit, you must correctly answer 60% of the test questions.

Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Harvard Medical School designates this continuing education activity for a maximum of 1 credit hour in category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

This program was issued in December 2003. All tests must be returned by March 31, 2004.

Please send the completed test and a check for \$25 US. (Check made payable to: Harvard Medical School) to: Harvard Medical School/Department of Continuing Education, Box 825, Boston, MA 02117-825.

We will return your corrected test and a certificate upon successful completion.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_