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Society Position Statement

Canadian Cardiovascular Society/Canadian Thoracic Society Position Statement on Pulmonary Hypertension

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ABSTRACT

The landscape of pulmonary hypertension (PH) has changed significantly since the last Canadian Cardiovascular Society/Canadian Thoracic Society position statement in 2005. Since then, advances in our understanding of the pathophysiology of PH and improvements in diagnostic and therapeutic options have transformed the care of patients with PH. Globally, PH has an estimated prevalence of 1%, increasing to 10% in those aged 65 years and older, most commonly due to left heart or lung disease. Although pulmonary arterial hypertension (PAH) is less common, the morbidity and mortality is significant and early diagnosis and treatment are essential. This document is targeted at clinicians and describes a framework for screening and diagnosis of PH, with recommendations for performance and interpretation of echocardiography, cardiac magnetic resonance imaging, and right heart catheterization. In addition, the current approach to

RÉSUMÉ

Le paysage de l'hypertension pulmonaire (HP) a beaucoup changé depuis que la Société canadienne de cardiologie et la Société canadienne de thoracologie ont émis leur dernier énoncé de position à ce sujet en 2005. L'évolution des connaissances de la physiopathologie de l'HP et les améliorations des options diagnostiques et thérapeutiques ont transformé les soins prodigués aux patients atteints d'HP. Selon les estimations, l'HP a une prévalence de 1 % dans le monde, prévalence qui atteint 10 % chez les personnes de 65 ans ou plus, et elle est le plus souvent attribuable à une cardiopathie gauche ou à une atteinte pulmonaire. Bien que l'hypertension artérielle pulmonaire (HAP) soit plus rare, la morbidité et la mortalité qui y sont associées demeurent importantes, et un diagnostic et un traitement précoces sont cruciaux. Les auteurs de cet article décrivent, à l'intention des cliniciens, un cadre pour le dépistage et le diagnostic de l'HP et

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The disclosure information of the authors and reviewers is available from the CCS on their guidelines library at www.ccs.ca.

This statement was developed following a thorough consideration of medical literature and the best available evidence and clinical experience. It represents the consensus of a Canadian panel comprised of multidisciplinary experts on this topic with a mandate to formulate disease-specific recommendations. These recommendations are aimed to provide a reasonable and practical approach to care for specialists and allied health professionals obliged with the duty of bestowing optimal care to patients and families, and can be subject to change as scientific knowledge and technology advance and as practice patterns evolve. The statement is not intended to be a substitute for physicians using their individual judgement in managing clinical care in consultation with the patient, with appropriate regard to all the individual circumstances of the patient, diagnostic and treatment options available and available resources. Adherence to these recommendations will not necessarily produce successful outcomes in every case.

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