

Pulmonary hypertension combination therapy may lead to greater disease burden

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Patients with pulmonary arterial hypertension (PAH) receiving combination therapy with intravenous (IV) PGI₂ may suffer from greater disease burden compared with those receiving monotherapy or combination therapy, excluding IV PGI₂.

Researchers from Massachusetts General Hospital and Novartis Pharma AG in Switzerland performed statistical tests on 446 patients with PAH, of which (a) 337 were receiving monotherapy; (b) 88 were receiving non-IV PGI₂ combination therapy; and (c) 21 were receiving IV PGI₂ [combination therapy](#).

Results showed that pulmonary vascular resistance, mean number of PAH-related hospitalizations, and dyspnea scores were highest in those treated with IV PGI₂.

This study was presented during CHEST 2012, the annual meeting of the [American College of Chest Physicians](#), held October 20 – 25, in Atlanta, Georgia.

Provided by American College of Chest Physicians

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