

Correct answers to the pre and post test can be found below (in red).

- 1) Pulmonary Hypertension (PH) due to Left Heart Disease is defined as:
 - a. Mean Pulmonary Artery Pressure (PAPm) \geq 15mmHg and Pulmonary Capillary Wedge Pressure (PCWP) \geq 25mmHg
 - b. PAPm \geq 25mmHg and PCWP $>$ 15mmHg**
 - c. PAPm \geq 25mmHg and PCWP \leq 25mmHg
 - d. PAPm \geq 50mmHg and Pulmonary Vascular Resistance (PVR) $<$ 3 Wood units
 - e. PAPm \leq 25mmHg and PVR $>$ 3 Wood Units
- 2) In a patient with intermediate probability of PH based on transthoracic echocardiography:
 - a. In the absence of risk factors for PH alternative diagnoses should be considered instead of echo follow up
 - b. In the absence of risk factors for PH, Right Heart Catheterisation (RHC) is a Class 1 recommendation
 - c. In the presence of risk factors RHC is recommended (IIa)**
 - d. In the presence of risk factors the echo should be repeated immediately
 - e. Trans oesophageal echo should be considered
- 3) When undertaking RHC in suspected PAH
 - a. Cardiac Output should be measured by thermodilution in preference to the Fick method**
 - b. PCWP may be elevated by the use of diuretics
 - c. PCWP oxygen saturation should be within 10% of systemic saturation
 - d. PVR $<$ 3 Wood units is required for the diagnosis of PAH
 - e. Vasoreactivity testing should be undertaken in suspected chronic thromboembolic PH
- 4) Anticoagulation is a IIb recommendation for PAH patients with:
 - a. Chronic Thromboembolic PH
 - b. Female patients over 65 with diastolic heart failure and atrial fibrillation.
 - c. Idiopathic PAH**
 - d. PAH due to scleroderma
 - e. PH due to mitral stenosis with left atrial diameter 55mmHg
- 5) Which of the following treatments are a Class I indication in a patient with PAH and clinically high risk (NYHA/WHO Functional Class IV-
 - a. Ambrisentan
 - b. Diltiazem
 - c. Epoprostenol**
 - d. Selexipag
 - e. Warfarin