



My name is Barbro Kjellström and I am from Sweden. My background is as a biomedical analyst with specialty in physiology and since 1990 I have been working full time in cardiology research. In my early career I worked with general physiology but after some years the focus became cardiovascular diseases. The first ten years in research I worked at the department of cardiovascular research at the Karolinska University Hospital in Stockholm, Sweden. My work was mainly in areas of heart failure research and in two very specific areas, biventricular pacing – today called cardiac resynchronization therapy – and hemodynamic monitoring. The latter became the topic for my PhD in medicine which I completed in 2007.

In 2000 I left Sweden for Maastricht in The Netherlands to start working in the medical technology industry as a researcher at Medtronic Inc. As an industry researcher I travelled all over Europe to start projects in the area of hemodynamic monitoring. In the summer of 2001 I moved to the company's headquarters in Minneapolis, Minnesota, USA. There I continued to work with the development of the hemodynamic monitoring that now expanded from heart failure to also involve pulmonary arterial hypertension. In the end of 2009 I returned to the Karolinska Institute in Stockholm to work as a post doc and later as a research associate and scientist. My research areas have changed, and though I still keep an involvement in right heart function and hemodynamics active, two very different lines of research has evolved. One is in symptoms like dyspnea with a focus on respiratory modulation in patients with pulmonary arterial hypertension, the other is the connection between periodontitis and myocardial infarction. In addition I am the head of the Swedish national quality registry of pulmonary arterial hypertension. In this area my research reaches from aspects of how patients and relatives experience given information, measures of quality of life and treatment adherence to hemodynamic measurements and evaluation of treatment.

Since I joined CCNAP many years ago I have come to appreciate its role as a platform for those of us within the ESC that are not physicians. In 2010 I became a member of the newly started science committee within CCNAP and continued as an active member during six years. Last year I joined the CCNAP Board as Communications Officer. My ambition is to continue to work to increase the awareness of us, nurses and APs, and even further strengthen the stage on which we work.