

Poorer patients present with more advanced pulmonary hypertension

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Pulmonary hypertension patients from lower socioeconomic groups present for initial evaluation at a more advanced disease state than those from higher income groups, according to a new study presented at the 2014 American Thoracic Society International Conference.

"Lower [socioeconomic status](#) is associated with reduced access to health care and [negative effects](#) on [health status](#), but data on its effects on the care of patients with [pulmonary hypertension](#) is scarce," said researcher Jose Cardenas-Garcia, MD, a Pulmonary & Critical Care Fellow at Hofstra North Shore – Long Island Jewish School of Medicine. "In accordance with the pattern seen with many other diseases, we found that patients with lower incomes were more likely to present with more advanced disease than those with higher incomes."

A total of 243 patients were enrolled in the study. Socioeconomic status was measured by zip code-based median annual household income, and New York Heart Association Functional Class (NYHA-FC) was assessed at the patients' initial evaluation. Patients were divided by income into Group A (median income 30,000-70,000 dollars per year) and Group B (median income greater than 70,000 dollars per year).

Functional class at presentation increased, indicating greater disease severity, as median income decreased. At initial presentation, patients in Group A were NYHA-FC I + II (n=23, 25.6%), NYHA-FC III (n=53, 58.9%), and NYHA-FC IV (n=14, 15.6%), while those in Group B were NYHA-FC I+II (n=62, 40.5%), NYHA-FC III (n=77, 50.3%) and

NYHA-FC IV (n=14, 9.2%). The relationship between income group and NYHA Functional Class at initial evaluation was significant, (p

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