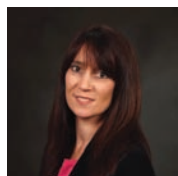


Beyond Physical Well-Being



Psychosocial matters often take a backseat to some of the more easily measured outcomes in patients with pulmonary hypertension, particularly in the setting of clinical trials. However, when dealing directly with patients and their families, these are often at the top of their list of concerns. Unfortunately, for physicians and allied health care professionals, psychosocial consequences of physical diseases are not necessarily a focus of previous educational curriculums. Thus, while we know that pulmonary hypertension places a physical

burden on patients, the psychosocial impact of the disease is less often addressed because practitioners may be less comfortable, and frankly less knowledgeable in these areas. But PH patients living with a chronic disease and associated physical limitations that affect day-to-day activities are undoubtedly in need of guidance on how to best care for their bodies and minds. As we move into an era of more medical treatment options and improving outcomes, these issues have emerged as critically important. In fact, when it comes to depression, exercise regimens, and socio-emotional support, the issues

are often deeply intertwined with the PH patient's physical well-being.

In this issue of *Advances*, with Dr. Hap Farber as guest editor, authors tackle issues around depression, exercise, and disability. By addressing the psychosocial well-being of our patients, highlighted in these articles and referring to specialists when necessary, we can certainly provide better and more comprehensive care to our patients.

Erika Berman Rosenzweig, MD

Director, Pulmonary Hypertension Center
Columbia University, College of Physicians and Surgeons

Guest editor's memo



It is again an honor and privilege to serve as the guest editor of an issue of *Advances in Pulmonary Hypertension*; this time, "Psychosocial Issues in Pulmonary Hypertension."

Why, might you wonder, are we devoting an issue to this topic? Very simply, it has not been done previously and these are issues that we probably (definitely) do not consider sufficiently. Our patients have clearly benefitted from the medications we now have available; yet there are other aspects of the disease, such as the impact on daily life and family, that also

have an effect on the clinical status of our patients and their outcomes.

To try to understand these aspects of the disease to a greater degree, we explore several of these "non-medical" issues that have particular import to the patient: 1) attempts to define the toll that the diagnosis itself has on the patient; 2) the effect of the disease on the mental status of the patient; 3) the effect of disability and self-worth on the patient; and 4) the role of exercise in this disease. We also have a fascinating roundtable for this issue—one in which two very articulate and candid patients discuss with us the real effects that pulmonary hypertension has had on

various aspects of their lives. This roundtable is in many ways eye-opening and covers issues that neither we, nor our patients, usually discuss during office visits. We hope that this issue will begin thought, discussion, and eventually solutions to the myriad of problems, in addition to the obvious medical ones, that our patients face every day. I would consider it a great success if it provokes such a response.

Hap Farber, MD

Director, Pulmonary Hypertension Center
Boston University School of Medicine