

In this issue of *Advances in Pulmonary Hypertension*, we focus on often overlooked, but important, aspects of pulmonary arterial hypertension (PAH) care: mental health, social determinants of health, diet, physical activity and caregiver support. As healthcare professionals, we tend to focus on well-defined clinical aspects of PH that we can easily understand and treat with PAH therapy such as 6-minute walk distance, right ventricular function, and pulmonary vascular resistance. Moreover, PH affects much more than the right heart and often has a profound impact on an individual's mental health, socioeconomic status, quality of life and physical activity. It can also impact the lives of PH caregivers. In this issue, we focus on aspects of PAH that have a significant impact on our patient's daily lives.

In *Mental Health and PH: APRNs and RNs Having a Positive Effect*, Lillian Hansen and Jacqueline Brewer discuss the impact of PH on mental health outlining the important role for APRNs and RNs to screen and address condi-

tions such as depression and anxiety. In *Wearable Devices in Pulmonary Arterial Hypertension: What are we Trying to Learn*, Drs. Daniel Lachant and James White discuss the variety of factors that impact physical activity in PAH and review the use of wearable technologies to monitor physical activity as a therapeutic target and clinical trial endpoint. As guest editors, Dr. Burger and I also explore the role of caregivers in PAH care in a roundtable discussion of caregivers, including parents and partners of PH patients. We gained valuable insight into how PAH affects caregivers and we also learned about ways we can better support PH caregivers. Natalie Taylor and Dr. Gustavo Heresi also discuss how diet and exercise may play a role in improving right ventricular function in PAH. And lastly, Drs. Bernardo, Jose and Elwing review the significance of socioeconomic status and social determinants of health in clinical outcomes of PAH patients and discuss strategies for addressing these issues in patient care. That discussion is a call to action for pulmonary hypertension clinicians to

both improve understanding and escalate awareness of social determinants of health to promote improved outcomes for PAH patients.

We all espouse a patient-centered approach that requires attention to areas beyond conventional clinical decision-making. It is our hope that the focus in this issue of *Advances in Pulmonary Hypertension* on understudied and often overlooked aspects of PAH care ignites more interest in these important areas.

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