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Focused on whole-person health for patients diagnosed with pulmonary arterial hypertension (PAH)

Key Takeaways

Patients living with advanced pulmonary conditions such as pulmonary arterial hypertension (PAH) and idiopathic pulmonary fibrosis (IPF), and their caregivers, often require support beyond medication administration and clinical education.

An Accredo study confirms patients prescribed all varieties of therapy combinations require various levels of psychosocial support. Effective support through the Accredo Wellbeing Watch® social work program make it apparent that Accredo-employed, licensed social worker involvement provides the needed whole-person treatment.

Background

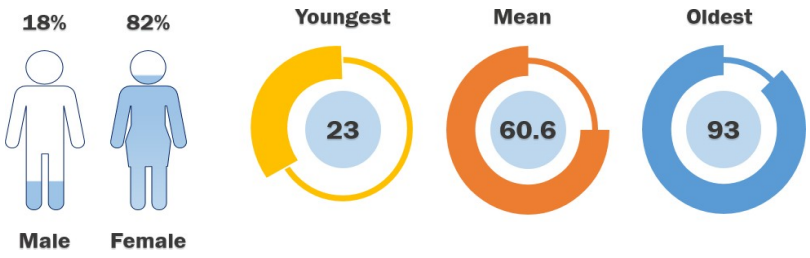
Due to research published in Vascular Health Risk Management, Accredo sought to address unmet needs of individuals living with PAH. PAH is a chronic and rapidly progressive disorder characterized by irreversible pulmonary vasculature damage that renders patients short of breath with very limited activity or even at rest. Left untreated, average life expectancy is approximately 2.8 years. Due to the nature of this diagnosis, comorbid psychological conditions are common.

In Sommaruga Bussotti's research, it was discovered that up to 53% of patients with PAH exhibit signs or symptoms of depression.[1] Registered nurse Deborah McCollister and her colleagues discovered similar findings, with 51% of PAH patients exhibiting signs and symptoms of anxiety.[2]

In Accredo's Wellbeing Watch program, specialty-trained, licensed social workers identify potential barriers and establish a plan to address them. The most common of these barriers include: community or financial resource needs, domestic abuse, insurance gaps, mood changes (anxiety/depression), social security and disability insurance (SSDI) opportunities, and other patient or caregiver concerns.

Methodology

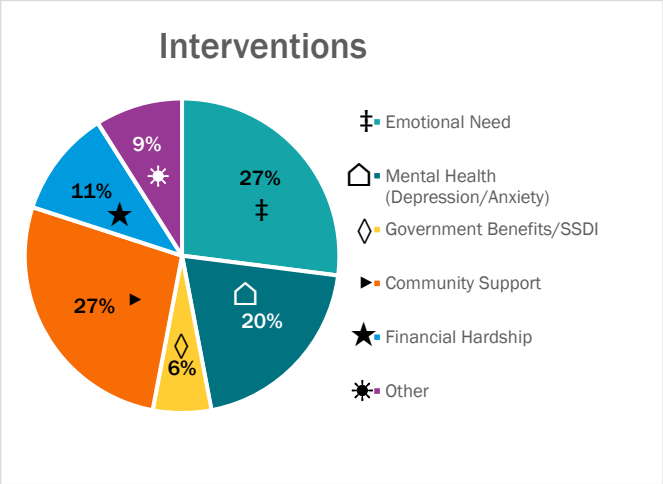
A retrospective analysis of patients' electronic health records was conducted on patients who engaged with the Wellbeing Watch team (which occurred for any patient or caregiver displaying psychosocial-related concerns through screening by social workers or interactions with any specialty pharmacy team member) during a 6+ month period between 2020 and 2021. The mean age of the patients was 60.6 years of age (patients 17 years of age or younger were excluded) and 82% were female. The records of each patient were manually reviewed to confirm accuracy of extracted information for analysis.

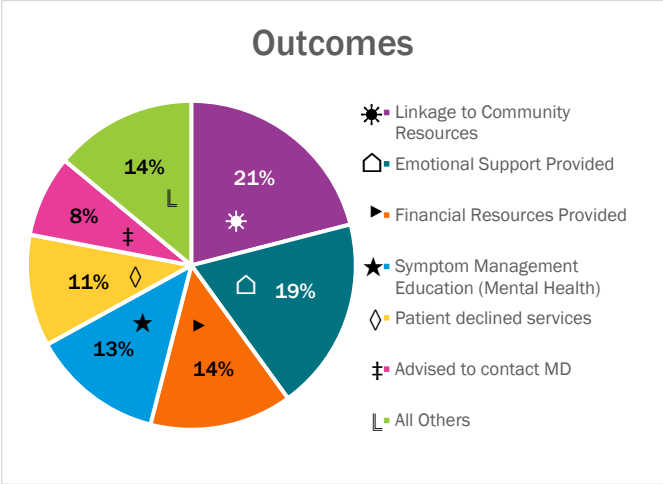


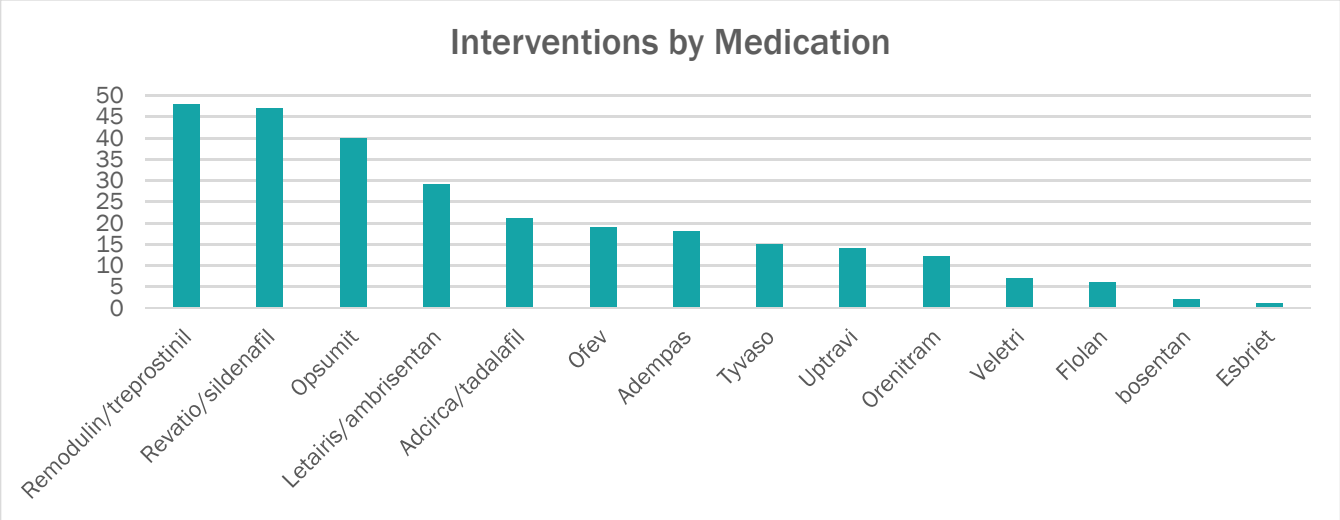
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Study Results

Through the conducted research, Accredo discovered all patients assessed were on at least one PAH or IPF medication. Thirty-four percent of the medications taken were prostacyclins, 27% were endothelin receptor antagonists, and 25% were phosphodiesterase type 5 inhibitors. The remaining 14% included patients on riociguat, pirfenidone or nintedanib. Seventy-three percent of the medications were oral medications, 22% were continuously infused medications, and 5% were inhaled therapies.







Accredo Makes a Difference

Accredo's Wellbeing Watch program is made up of licensed social workers, combined with our 600 field nurses across the U.S. who perform in-home nursing services and nearly 100 regionally focused specialty-trained pharmacists, and our Advanced Pulmonary Conditions Therapeutic Resource Center (TRC) focused on caring for individuals with PAH and IPF. All of these resources are designed to help patients better manage their conditions and therapies, and offer a more personalized pharmacy experience.

1. Bussotti M, Sommaruga M. Anxiety and depression in patients with pulmonary Hypertension: impact and management challenges. Vasc Health Risk Manag . 2018 Nov 8;14:349360 . doi : 10.2147/VHRM.S147173.
2. Deborah H. McCollister, RN et al. Depressive Symptoms in Pulmonary Arterial Hypertension: Prevalence and Association With Functional Status. Psychosomatics. July August 2010, Volume 51, Issue 4, Pages 339 339.e8.

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