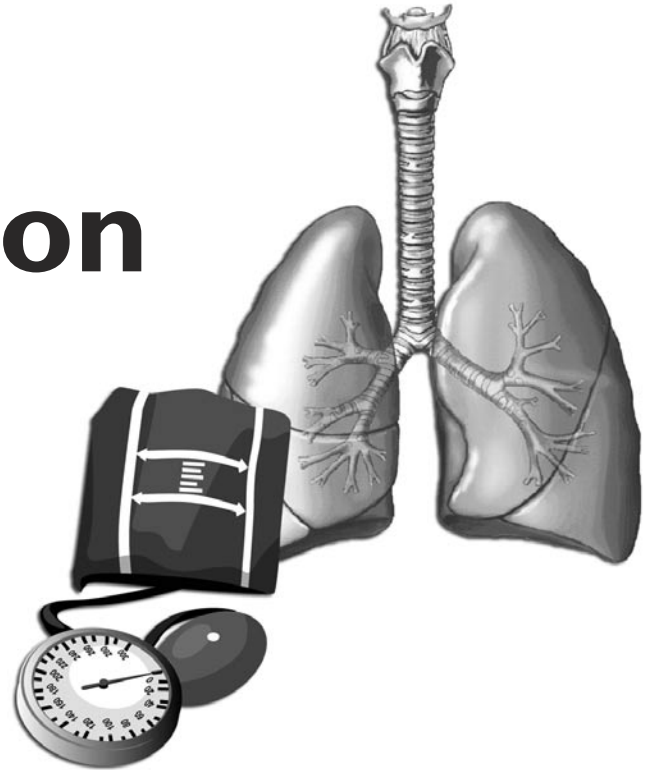




# Pulmonary Hypertension

## The *Other* High Blood Pressure



Pulmonary Hypertension is high blood pressure in the lungs. It affects people of any age, sex, or race. The symptoms of pulmonary hypertension are very similar to other illnesses. This may make it difficult to diagnose. As a result, many people have this illness for a long time before they find out.

### **What is Pulmonary Hypertension?**

Pulmonary Hypertension starts when the blood vessels leading to the lungs become narrow. This makes it harder

to get blood to the lungs. It also causes the heart to pump harder to overcome the resistance in the narrow vessels.

Over time, scarring develops in these vessel walls, making them stiff. Some become totally blocked. This causes added stress to the heart and it becomes enlarged and weaker. Less oxygen-rich blood can be pumped from this weakened heart to the lungs and to the rest of the body. When that occurs, the signs of pulmonary hypertension become more noticeable.

*(continued on page 2)*

What are some of the causes of Pulmonary Hypertension?

- Damaged lung tissue (for example: asthma, emphysema, COPD).
- Exposure to toxins during military service: asbestos, pesticides, burning oil, sand, etc.
- Connective tissue diseases like Lupus.
- Certain medicines, like the diet pill Phen-Fen®.
- Street drugs, such as cocaine and methamphetamine.
- HIV and other infections.
- Blood clots in the lung or Sickle Cell disease.
- Heredity (being born with certain heart defects).

## What are the symptoms?

- Shortness of breath or difficulty breathing.
- Being tired all the time.
- Dizziness (mainly after climbing stairs or standing up).
- Chest pain (during or after physical activity).
- Swollen ankles or legs.

## How is it diagnosed?

- Stress test.
- Echocardiogram (ultrasound of the heart).
- EKG.
- Heart catheterization of the right side of the heart.
- Pulmonary Function Test (breathing test).

- Blood tests.
- A CAT scan (to determine if a blood clot or lung disease is present).
- Sleep apnea test (to see you stop breathing while sleeping).

## What is the treatment and how can I cope?

Pulmonary Hypertension can be controlled with drugs, diet changes, limiting physical activity and changes in lifestyle. Early discovery, proper medical treatment, and prevention of complications are all important factors in living with this illness.

- Talk with your doctor. Decide together on a plan of care that is right for you.
- Know what to do if the symptoms get worse. For example: call your doctor if you gain more than 5 pounds in 2 days or less; have difficulty breathing; or have swelling in your legs.
- If you smoke – STOP.
- Include your family and friends. Encourage them to help you find information or go with you to doctor's appointments and support groups.
- Attend local support groups. They can help you and your family understand your illness/disease. You are not alone. Many people share this illness with you.
- Keep an up-to-date list of all the medicine you take. Don't forget to include herbal medicine, supplements, and over-the-counter products.

- Check with your local or VA librarian for trustworthy websites to find more information about this illness.
- Feeling depressed can be a natural reaction when you find out you have pulmonary hypertension. However, if these feelings last longer than 2 weeks, talk to your doctor or support group.

Remember, you are not alone. You may have pulmonary hypertension,

but it does not have you! The best way to cope with pulmonary hypertension is to learn as much as you can and follow your doctor's advice.

Submitted by:  
Diane Kesler, RN, CDE  
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**Sources:**

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pha@phassociation.org, www.phassociation.org

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## Medicine for Pulmonary Hypertension

There is no cure for pulmonary hypertension. However, there is medicine that can help control the disease, decrease your symptoms, and give you a better quality of life.

- Anticoagulant (blood thinner) – prevents clots in the lungs.
- Arginine – controls lung pressure.
- Calcium Channel Blocker – lowers lung pressure and makes the heart work better.
- Diuretic (water pill) – gets rid of extra fluid and helps you breathe easier.
- Digoxin – makes the heart work better.
- Endothelin Antagonist – lowers lung pressure and helps the heart work better by opening blood vessels.
- Nitric Oxide-lowers lung pressure and prevents blood clots in the lungs.
- Oxygen-increases the amount of oxygen in the blood so the heart

doesn't have to work as hard.

- Phosphodiesterase Inhibitors-lowers lung pressure and helps the heart work better by opening blood vessels.
- Prostanoids-lowers lung pressure, prevents blood clots in the lungs, and helps the heart work better by opening blood vessels.

You will be treated with one or a combination of these medicines. Your doctor will decide what is best for you and your symptoms.

Everyone responds differently to medicine. Some people will feel better right away. Some may need to try several different combinations before they find the best one. Work with your healthcare team to find the right medicine for you.

Submitted by:  
Sharon Hantak, Pharm.D Candidate  
John H. Bradley Outpatient Clinic  
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# HOME CARE CORNER

## How to Dispose of Your Unwanted Medicine

Did you know that fifty-seven tons of prescription and over-the-counter medicines are washed down the drain or put in the trash each year! This is a problem because:

- Sewage and wastewater treatment plants are not designed to remove these medicines, so they end up in our rivers and lakes.
- Discarded medicines that end up in the environment can harm animals. They can cause birth defects and problems with egg development.
- When antibiotics are disposed of improperly, bacteria develop ways to combat them. As a result, “super-germs” may be created. This makes infections harder to treat.
- Someone with a substance abuse problem may be tempted to search your garbage can looking for discarded medicine.
- Medicine thrown in the garbage could cause an accidental poisoning if the wrong person finds it.



## What Should You Do?

1. Call your community pharmacy to see if it has a drug disposal or donation program. The VA pharmacy cannot accept returned medicine.
2. Check into community medicine collection programs. Some places have medicine collection days once or twice a year. These collection days may be announced in your local newspaper.
3. Contact your local waste management program to see if it has a hazardous waste collection day. Call the Department of Natural Resources to get the correct local contact number.
4. As a last resort, use special precautions before putting your medicine in the trash:
  - Add water and coffee grounds or a spice to solid medicines. This will reduce the chance an animal will eat them.
  - Add kitty litter, sawdust, or flour to liquid medicines. Then put it in a sealed bag to prevent leakage.
  - Cross out your name, address, and phone number on any labels.
  - Put in the trash bin as close to garbage pick-up time as possible.

Prevent disposal problems by reducing the amount of unwanted medicine in your home!

- Take your medicine as directed and finish the entire prescription. Always tell your provider if you have a bad reaction to a prescribed medicine. Do not stop your medicine until you have talked to your provider.
- Buy reasonable amounts of over-the-counter medicines. Don't buy so much that you can't use it all before the expiration date.
- Carry a complete list of current and past prescription and non-prescription medicines with you at all times. This may keep you from getting duplicate or inappropriate prescriptions.

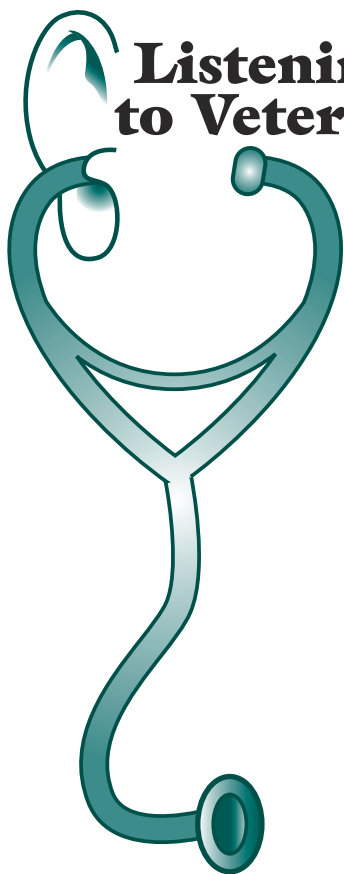
And last, but not least:

- Maintain a healthy lifestyle with exercise, proper nutrition, and regular check-ups.

### Remember:

- Do not dispose of medicine in the sink or toilet.
- Do not burn medicine in household burn barrels.

Submitted by:  
Angela Paniagua, PharmD  
VAMC Milwaukee, WI



## **What is a “No Show?”**

Missing an outpatient appointment or arriving after the start of the appointment time is called a “No Show.”

### **Why Should You Care About “No Shows?”**

- Most of the time, our appointments slots are fully booked. Too many “No Shows” can make the time you need to wait to schedule an appointment longer than it needs to be.
- You have an appointment because your healthcare providers think you need an important treatment or follow-up care. For the sake of your health, you should not be a “No Show.”

Answered by:

Jill Zahn  
Patient Education Librarian  
VAMC Milwaukee, WI



## What Can You Do to Help?

- Sometimes it's not enough to depend on your memory to keep track of your scheduled appointments. One of the most common reasons people miss an appointment is that they forget about it. Track scheduled appointments on your calendar.
- Call early to cancel or reschedule appointments that you know can't keep.
- If something comes up at the last minute, it will still help if you call before the start of your appointment.
- Talk to your healthcare provider if you have problems with travel or other reasons that make it difficult to keep your appointments.



## Please Don't be a No Show

Each year, many appointments are wasted because someone did not show up or call to reschedule.

If these appointments were cancelled in advance, other veterans could have been seen by a healthcare provider.

Please help your fellow veterans by ALWAYS calling in advance to cancel or reschedule if you cannot keep your appointment.



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**Important note:** We are not able to **mail** this newsletter to you. It can be found in waiting rooms of your VA Medical Center and outpatient clinics.

You can also subscribe to the electronic version of this newsletter by going to [www.visn12.med.va.gov/subscribe.htm](http://www.visn12.med.va.gov/subscribe.htm)

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*Your best source for information about your health will always be your health care team. We hope this newsletter will encourage you to ask questions about your health concerns.*

**Phone Numbers for VISN 12 Hospitals**

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or Idea for Future Articles**

Do you have an “Ask An Expert” question or an idea for a future article? Your ideas can be e-mailed or mailed to the Senior Editor.

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