### Identifying & Stratifying SScPH

<table>
<thead>
<tr>
<th>Screening based on DETECT protocol</th>
<th>Pulmonary hypertension suspected</th>
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<td>(Advised yearly in absence of symptoms of PH)</td>
<td>(Symptoms of possible PH, and Echo, TLco or CT suggestive)</td>
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Note alternative screening regimens exist

**Possible PAH (normal left heart)**
1. Unexplained fall in exercise tolerance
2. Echo? PH (TV > 3.4m/s or abnormal right heart + TV > 2.8m/s)
3. PH with left heart or lung abnormalities

**Probable PAH**
Normal left heart echo
FEV1 and FVC and HRCT normal
TV > 3.8m/s, RAa > 18cm²
RV =/> LV, LV compressed
PA:Ao ratio ≥ ratio LV,

- Standard referral
  - 8 week pathway

- Urgent referral
  - 2 week pathway or IHT?

Indicate which of the following are available:
Echo; PFT (with gas transfer) HRCT; V/Q scan;
Autoantibodies; ABG
If HRCT/CTPA – state date and department with images
Copies of reports of above tests desirable*

PH – Pulmonary hypertension; PAH – pulmonary arterial hypertension; PFT – pulmonary function test; mPAP – mean pulmonary artery pressure; TPG – transpulmonary gradient;
RAa – right atrial area; TLco – CO diffusion capacity % predicted; TV – tricuspid velocity;
RV – right ventricular mid wall diameter (RVID2); LV – left ventricular internal diameter (LVIDsd). PA:Ao is the pulmonary artery to aortic ratio* Check local specialist center
REFERRAL to PH centre recommended
Modified DETECT: 15% adverse change in RAa, TLco, TV; Urate or doubling of N-TproBNP