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EVALUATION OF MODIFIED BORG DYSPNOEA SCORE AND 6-MINUTE WALK TEST IN PULMONARYARTERIAL HYPERTENSIONPATIENTS RECIEVINGPHOSPHODIESTERASE INHIBITORS

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Introduction: Pulmonary Arterial Hypertension (PAH) is a progressive condition that results in right heart failure and death[1]. Patients with PAH who do not receive disease targeted therapy have a poor quality of life and high mortality rates with a median survival of less than three years from diagnosis[2,3]. In the last few years, oral Sildenafil Citrate (a specific phosphodiesterase-5 inhibitor which is widely used in the treatment of erectile dysfunction), has shownpromising results as a novel oral monotherapy in the treatment of PAH[4,5].

Methodology: A prospective open label randomized study was conducted over a period of 8 months in hospitalized patients who visited the in- patient block in a tertiary care hospital in Nilgris. Simple Randomization technique was adopted to allocate the patients into three studygroups. At the baseline Visit, Modified Borg Dyspnea Scale (MBDS) and 6 MWT(6 Minute Walk Test) were evaluated to confirm study criteria and were allotted into 3 doses based on their severity upon Right Ventricular Systolic Pressure. The same parameters were assessed on each visit for all the patients throughout thestudy period.

Results and Discussion: In our study, Sildenafil Citrate showed an improvement in MBDS and 6 MWT after 8 months of therapy which were assessed using Kruskal-Wallis non-parametric test. A remarkable improvement in6MWT from 171.88 ±52.4 metres to 337.12±71.84metres was observed. There was an improvement in dyspnea by Borg scale in all study groups. Cor-pulmonale patients were more benefited ($p<0.001$) whereas patientswith Atrial Septal Defect (ASD) and Rheumatic Heart Disease (RHD) also improved significantly($p<0.05$).

Conclusion: Sildenafil has been reported to be welltolerated among the patient population. The patients who were slightly affected at baseline with moderate to severe dyspnoea became slight grade which

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