Table 1. Longitudinal Evaluation of the PAH Patient*: ACCF/AHA 2009 Expert Consensus

	STABLE	UNSTABLE
Clinical Course	No increase in symptoms and/or decompensation FC I/II^ 6MWD > 400 m No RH failure RV size/function normal RAP normal; CI normal BNP near normal/stable or decreasing Oral therapy	FC IV ^ 6MWD < 300 m Signs of RH failure RV enlargement / dysfunction RAP high; CI low BNP elevated or increasing IV prostacyclin and/or combination treatment
Frequency of evaluation	Q 3 to 6 mo+	Q 1 to 3 mo
Functional class assessment	Every clinic visit	Every clinic visit
6MWT	Every clinic visit	Every clinic visit
Echocardiogram#	Q 12 mo or center-dependent	Q 6 to 12 mo or center dependent
BNP¥	Center dependent	Center dependent
RHC	Clinical deterioration or center dependent	Q 6 or 12 mo or clinical deterioration

*For patients in the high-risk category, consider referral to a PH specialty center for consideration of advanced therapies, clinical trials, and/or lung transplantation
^The frequency of follow-up evaluation for patients in FC III and/or 6MWD between 300 to 400 meters would depend on composite of detailed assessments on other clinical and objective characteristics listed.
+For patients who remain stable on established therapy, follow-up assessments can be performed by referring physician(s) or PH specialty centers
#Echocardiographic measurement of PASP is estimation only and it is strongly advised not to rely on its evaluation as the sole parameter to make therapeutic decisions
¥The utility of serial BNP levels to guide management in individual patients has not beeen established

BNP: brain natriuretic peptide; CI: cardiac index; 6MWD: six minute walk distance; PAH: pulmonary arterial hypertension; Q: every; RAP: right atrial pressure; RHC: right heart catheterization; RV: right ventricle

(McLaughlin VV et al. JACC 2009;53:1573) Modified and reprinted with permission