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Deprivation and prognosis in patients with pulmonary arterial hypertension: missing the effect of deprivation on a rare disease?

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No association was found between deprivation and mortality for PAH patients in England and Wales. The association found between risk stratification at baseline and deprivation suggests that the issue of deprivation and outcomes in PAH may be more nuanced. <https://bit.ly/2y8WgqB>

Cite this article as: Sofianopoulou E, Church C, Coghlan G, *et al.* Deprivation and prognosis in patients with pulmonary arterial hypertension: missing the effect of deprivation on a rare disease?. *Eur Respir J* 2020; 56: 1902334 [<https://doi.org/10.1183/13993003.02334-2019>].

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To the Editor:

In this journal, PELLINO *et al.* [1] presented a survival analysis to assess how deprivation affects prognosis in patients with pulmonary arterial hypertension (PAH). Their conclusions were that social deprivation is not a significant referral barrier or prognostic factor for idiopathic (I)PAH or heritable (H)PAH in Scotland. This may appear surprising, given the wider context of literature describing outcomes stratified by social deprivation. The authors were thorough on using both the address at time of diagnosis and at time of censoring to assign deprivation scores and compare the two, finding no significant differences between the two approaches. They also compared deprivation assigned to PAH cases to expected deprivation based on Scottish citizenry as a whole, and found that PAH patients are more socially deprived than expected. Finally, they used the same survival univariate analysis adjusting for age and sex to assess how several clinical variables are associated with prognosis.