People living with pulmonary hypertension call for better psychological support in the absence of awareness of this severe disease

- Over 150 experts and patient representatives from across globe came together at Ferrer's IMPAHCT conference 2024 to address unmet needs of people living with highly debilitating, low-prevalence disease
- Patient's voice played even more important role at this year's edition

Barcelona, Spain, April 22, 2024 – Ferrer, an international pharmaceutical company, hosted the 2024 edition of the *International Meeting on Pulmonary Hypertension Clinical Treatment* (IMPAHCT), that took place in Barcelona, from April 19-20. This event brought together 150 pneumology and cardiology specialists from over 30 countries, reasserting the company's commitment to the research, development and treatment of pulmonary hypertension.[1]

IMPAHCT 2024 focused on the unmet needs of people living with **pulmonary hypertension** (PAH) and **pulmonary hypertension associated with interstitial lung disease** (PH-ILD). Compared to previous editions, this event paid special attention to the importance and role of the patient's voice, which was highlighted at the roundtable entitled: "The patient's perspective in pulmonary hypertension: Opportunities for the future." This gave international experts the opportunity to go beyond uniquely discussing the therapeutic requirements of patients with this disease, to include their needs and desire to achieve a better quality of life.

Hall Skaara, a representative of the European association of patients living with pulmonary hypertension (PHA Europe) and a participant in the roundtable, emphasized the importance of psychological support for individuals diagnosed with PH, in addition to pharmacological treatments: "Several studies[2] have indicated that up to 40% of patients develop depression following their diagnosis, due to the heavy burden of living with a chronic and potentially life-threatening disease. This underscores the need to raise awareness of pulmonary hypertension to enable healthcare providers to offer optimal support to their patients."

IMPAHCT 2024 also featured **Dr John Wort, Royal Brompton Hospital in London**, who shared the results of an epidemiological study designed to determine the prevalence and incidence of PH-ILD across various European countries. During the session, he presented for the first time the findings of the research conducted in the UK.

After analysing the data for the UK, Wort and his associates were able to confirm that **pulmonary hypertension associated with interstitial lung disease should be considered a low-prevalence condition**, meaning that it affects fewer than five people in ten thousand, and therefore should receive the same attention in the medical community as rare diseases. The study, in which Ferrer participated, is the first on PH-ILD to have used the anonymised health data of millions of people collected at a national level between 2015–2021.

"The robustness of studies presented reveals the urgency of giving greater visibility to pulmonary hypertension; it is a debilitating condition that requires a multidisciplinary approach, like any other rare disease," explains **Jorge Cuneo, chief medical officer at Ferrer**. "This means we need to raise awareness of its existence to cover the unmet needs of those living with it."

On the second day, the conference held a roundtable in which experts from three different continents, represented by Taiwan, Colombia, Mexico, Germany and Spain, shared their

experiences with the disease, with the aim of reaching an overall vision of the best forms of treatment for pulmonary hypertension.

"Ferrer's commitment to organizing the IMPAHCT conference every year reflects our desire to accompany healthcare professionals in improving the quality of life for people living with pulmonary hypertension and their families and caregivers," says **Óscar Pérez, chief scientific officer at Ferrer**. "In line with our commitment to use business to fight for social justice, this event demonstrates our support for the scientific community through continuing education, and research and development that pursues transformative therapeutic solutions for one of the most serious and debilitating diseases."

About pulmonary hypertension

Pulmonary hypertension (PH) is a condition caused by various diseases and characterized by the development of molecular and anatomical changes in pulmonary blood circulation, which lead to an abnormal increase in pressure in the pulmonary artery (> 20 mmHg).[1] It affects approximately 1% of the world's population (a figure that can rise to 10% in people over the age of 65). Nearly 80% of the people living with pulmonary hypertension live in developing countries.[3] PH is classified in five different groups, with one of the most common causes being left-sided heart and lung disease.[1]

The development of PH is almost invariably associated with worsening of symptoms such as dyspnoea, fatigue and coughing, among others, and with increased mortality regardless of the underlying pathology.[1] While no cures exist for some types of pulmonary hypertension, significant strides have been made in terms of knowledge, therapy and prognosis which have changed the perspective on the disease. As a result, current treatment can help to improve the quality of life of people living with the disease.[1]

About pulmonary arterial hypertension

Pulmonary arterial hypertension (PAH) is just one of over 7,000 rare and ultra-rare diseases diagnosed to date all over the world.[4] It is caused by high pressure in the pulmonary arteries, which leads the right side of the heart to work harder than normal and, over time, can trigger right ventricular failure and premature death.[1] In Europe, it is estimated to affect anywhere from 15 to 50 people per million, among those of any age, race, condition and sex. It has a higher prevalence in women than men.[1]

About pulmonary hypertension associated with interstitial lung disease

Interstitial lung disease (ILD) is a group of pathologies that affect the lungs and are characterized by significant scarring or fibrosis of the bronchioles and alveolar sacs.[5,6] The increased fibrotic tissue prevents oxygenation and free exchange of gases between the pulmonary capillaries and the alveolar sacs, and therefore it can be manifested in a wide range of symptoms, including shortness of breath during exercise, difficulty breathing and fatigue.[5,6]

Pulmonary hypertension often complicates the evolution of patients with interstitial pulmonary disease and is associated with worse functional status due to the inability to exercise, greater supplementary oxygen needs, lower quality of life and poorer outcomes.[5,6]

About Ferrer

At Ferrer, we use business to fight for social justice. We have long been a company that wants to do things differently; instead of maximizing shareholder returns, we reinvest much of our profit in initiatives that give back to society. Back where it belongs. We go beyond compliance and are guided by the highest standards of sustainability, ethics and integrity. As such, since 2022, we are a B Corp.

Founded in Barcelona in 1959, Ferrer offers transformative solutions for life-threatening diseases in more than one hundred countries. In line with our purpose, we have an increasing focus on pulmonary vascular and interstitial lung diseases and rare neurological disorders. Our 1,800-strong team is driven by a clear conviction: our business is not an end in itself, but a way to change lives.

We are Ferrer. Ferrer for good.

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