Giving, receiving care: Patient benefits from pulmonary hypertension treatment options, shares story as nurse

Dianne Zwicke, MD, a pulmonary hypertension expert with more than 25 years of experience, said a diagnosis of pulmonary hypertension after a syncopal episode was a death sentence in the U.S. in the 1980s. Things have changed drastically since then.

“You’re here, and you’re going to be here a long time,” Dr. Zwicke said to Slattery.

Treatment options

The Pulmonary Hypertension Clinic is one of only a few in the U.S. that offers all forms of therapies for pulmonary hypertension.

Dr. Zwicke initially prescribed intravenous Remodulin (treprostnil) via a Hickman catheter. For five months, Slattery carried a pump her boyfriend named Remus to administer the Remodulin.

At a follow-up visit, her echocardiographic study showed normal heart size for a patient with pulmonary hypertension. Slattery was able to be successfully weaned off Remodulin and transitioned to Adcirca (tadalafil) therapy, an oral medication. After six months of Adcirca, Slattery’s pressures rebounded. Letairis (ambrisentan), another oral medication, was added to Slattery’s therapy. An echocardiogram eight weeks later showed no improvement. An inhaled medication Tyvaso (treprostnil) was added to the Adcirca and Letairis therapies.

An echocardiogram three months later showed normalization of her heart size. Ultimately, Slattery showed enough improvement to stop taking Letairis and uses Adcirca and Tyvaso to manage her pulmonary hypertension.

“Initially, I thought this was going to tie me down,” Slattery said of the inhaled medication, which needs to be taken frequently.

She has since taken “Fabio,” her inhaler, on a trip to Boundary Waters. Fabio was in a waterproof case, and though Slattery was the only one on the 30-person, six-day trip with a watch to time her doses, it was worth it she said.

“I truly believe perspective is everything,” Slattery said.

Moving forward

She uses that perspective to care for patients of the Pulmonary Hypertension Clinic. Sometimes Slattery shares her story with patients.

“I hope every nurse is as satisfied with their career as I am,” she said.

Although she sometimes works 12-hour shifts and is training for road biking races, Slattery hasn’t had a syncopal episode since her collapse.

“You have to listen to your body; if it is telling you to stop – stop,” Slattery said.