



“2015 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension. The Joint Task Force for the Diagnosis and Treatment of Pulmonary Hypertension of the European Society of Cardiology (ESC) and the European Respiratory Society (ERS).” Nazzareno Galiè, Marc Humbert, Jean-Luc Vachiery, Simon Gibbs, Irene Lang, Adam Torbicki, Gérald Simonneau, Andrew Peacock, Anton Vonk Noordegraaf, Maurice Beghetti, Ardeschir Ghofrani, Miguel Angel Gomez Sanchez, Georg Hansmann, Walter Klepetko, Patrizio Lancellotti, Marco Matucci, Theresa McDonagh, Luc A. Pierard, Pedro T. Trindade, Maurizio Zompatori and Marius Hoeser.
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The above article has been republished online in order to correct errors in three of the tables. In table 3, part of the haemodynamic criteria for post-capillary PH was incorrectly presented as “PAWP \leq 15 mmHg”, and should have been presented as “PAWP $>$ 15 mmHg”. The value for cardiac index specified in table 32 should have been <2.5 L/min/m² and not <2.5 L/min. Table 7 contained typographic errors. The corrected versions of these tables are reproduced below.

TABLE 3 Haemodynamic definitions of pulmonary hypertension^a

Definition	Characteristics ^a	Clinical group(s) ^b
PH	PAPm \geq 25 mmHg	All
Pre-capillary PH	PAPm \geq 25 mmHg PAWP \leq 15 mmHg	1. Pulmonary arterial hypertension 3. PH due to lung diseases 4. Chronic thromboembolic PH 5. PH with unclear and/or multifactorial mechanisms
Post-capillary PH	PAPm \geq 25 mmHg PAWP $>$ 15 mmHg	2. PH due to left heart disease 5. PH with unclear and/or multifactorial mechanisms
Isolated post-capillary PH (Ipc-PH)	DPG $<$ 7 mmHg and/or PVR \leq 3 WU ^c	
Combined post-capillary and pre-capillary PH (Cpc-PH)	DPG \geq 7 mmHg and/or PVR $>$ 3 WU ^c	

CO: cardiac output; DPG: diastolic pressure gradient (diastolic PAP – mean PAWP); mPAP: mean pulmonary arterial pressure; PAWP: pulmonary arterial wedge pressure; PH: pulmonary hypertension; PVR: pulmonary vascular resistance; WU: Wood units. ^aAll values measured at rest; see also section 8.0. ^bAccording to Table 4. ^cWood Units are preferred to dynes.s.cm⁻⁵.

TABLE 7 Updated risk level of drugs and toxins known to induce pulmonary arterial hypertension

Definite	Likely	Possible
<ul style="list-style-type: none"> • Aminorex • Fenfluramine • Dexfenfluramine • Toxic rapeseed oil • Benfluorex • Selective serotonin reuptake inhibitors^a 	<ul style="list-style-type: none"> • Amphetamines • Dasatinib • L-tryptophan • Methamphetamines 	<ul style="list-style-type: none"> • Cocaine • Phenylpropanolamine • St John's Wort • Amphetamine-like drugs • Interferon α and β • Some chemotherapeutic agents such as alkylating agents (mitomycin C, cyclophosphamide)^b

^aIncreased risk of persistent pulmonary hypertension in the newborns of mothers with intake of selective serotonin reuptake inhibitors; ^bAlkylating agents are possible causes of pulmonary veno-occlusive disease.

TABLE 32 Haemodynamic classification of pulmonary hypertension due to lung disease [9]

Terminology	Haemodynamics (right heart catheterization)
COPD/IPF/CPFE without PH	PAPm <25 mmHg
COPD/IPF/CPFE with PH	PAPm ≥25 mmHg
COPD/IPF/CPFE with severe PH	PAPm >35 mmHg, or PAPm ≥25 mmHg in the presence of a low cardiac output (CI <2.5 L/min/m ² , not explained by other causes)

CI: cardiac index; COPD: chronic obstructive pulmonary disease; CPFE: combined pulmonary fibrosis and emphysema; IPF: idiopathic pulmonary fibrosis; PAP: pulmonary artery pressure; PAPm: mean pulmonary arterial pressure; PH: pulmonary hypertension.