We Claim:

1. Use of a polypeptide in the manufacture of a medicament for treating post-capillary pulmonary hypertension (PcPH) in a patient, wherein the polypeptide comprises an amino acid sequence that is at least 90% identical to an amino acid sequence that begins at amino acid 21 of SEQ ID NO: 1 and ends at amino acid 135 of SEQ ID NO: 1, and wherein an effective amount of the polypeptide is to be administered to the patient in need thereof.

2. Use of a polypeptide in the manufacture of a medicament for treating, preventing, or reducing the progression rate and/or severity of one or more complications of post-capillary pulmonary hypertension in a patient, wherein the polypeptide comprises an amino acid sequence that is at least 90% identical to an amino acid sequence that begins at amino acid 21 of SEQ ID NO: 1 and ends at amino acid 135 of SEQ ID NO: 1, and wherein an effective amount of the polypeptide is to be administered to the patient in need thereof.

3. The use of claim 1 or claim 2, wherein the PcPH is selected from isolated post-capillary pulmonary hypertension (IpcPH) or combined post- and pre-capillary PH (CpcPH).

4. The use of any one of claims 1-3, wherein the patient has pulmonary hypertension due to heart failure with preserved left ventricular ejection fraction (LVEF) or heart failure with reduced LVEF.

5. The use of any one of claims 1-3, wherein the patient has valvular heart disease or congenital/acquired cardiovascular conditions leading to post-capillary PH.

6. The use of any one of claims 1-5, wherein the use reduces mean pulmonary arterial pressure (mPAP) in the patient.

7. The use of any one of claims 1-6, wherein the use decreases the pulmonary arterial wedge pressure (PAWP), left ventricular end diastolic pressure (LVEDP), diastolic pressure gradient (DPG), transpulmonary pressure gradient (TPG), or pulmonary vascular resistance (PVR) in the patient.

8. The use of any one of claims 1-7, wherein the use prevents the progression of IpcPH to CpcPH.

9. The use of any one of claims 1-7, wherein the use reduces the development of a pre-capillary component of PH.

10. The use of any one of claims 1-3 and 5-9, wherein the patient has preserved left ventricular ejection fraction.

11. The use of any one of claims 1-10, wherein the patient has diastolic dysfunction of the left ventricle or systolic dysfunction of the left ventricle.

12. The use of any one of claims 1-11, wherein the use decreases right ventricular hypertrophy, left ventricular hypertrophy, smooth muscle hypertrophy, or pulmonary arteriole muscularity in the patient.

13. The use of any one of claims 1-12, wherein the use decreases the RVSP in the patient.

14. The use of any one of claims 1-13, wherein the use decreases the left ventricular fibrosis in the patient.

15. The use of any one of claims 1-14, wherein the use decreases the right ventricular fibrosis in the patient.

16. The use of any one of claims 1-15, wherein the use decreases the pulmonary fibrosis in the patient.

17. The use of any one of claims 1-16, wherein the use increases exercise capacity of the patient.

18. The use of any one of claims 1-17, wherein the use increases the patient's 6-minute walk distance.

19. The use of any one of claims 1-18, wherein the use reduces the patient's Borg dyspnea index (BDI).

20. The use of any one of claims 1-19, wherein the ActRII polypeptide comprises

(a) an amino acid sequence that is at least 90% identical to the amino acid sequence SEQ ID NO: 2;

(b) an Fc domain of an immunoglobulin; and

(c) a linker domain positioned between the ActRII polypeptide domain and the Fc domain.