

**In the next five years, one in four of your patients with Peripheral Arterial Disease will suffer a heart attack, stroke, amputation, or death.**



**You can change this outcome with the latest prevention, detection, and treatment strategies.**

Patients with P.A.D. have a two- to six-fold increase in cardiovascular mortality and a significantly increased risk of amputation, disability and diminished quality of life. Much of the morbidity and mortality associated with P.A.D. could be prevented through coordinated awareness and education efforts designed to promote early detection and proper treatment.

**That's why the Peripheral Arterial Disease Coalition was formed.**

We are an alliance of leading health organizations, professional societies, and government agencies united to raise public and

health professional awareness about lower extremity P.A.D.

**Now you have the tools you need to help your patients.**

We're partnering with the National Heart, Lung, and Blood Institute on a national P.A.D. public awareness campaign.

Our web site has easily accessible educational programs and clinical practice tools about P.A.D. diagnosis and treatment. Plus, we have links to the best P.A.D. educational resources – for health professionals and patients – from our member organizations.

Visit us at [PADCoalition.org](http://PADCoalition.org) and sign up for the P.A.D. Coalition's E-news.



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# Lower Extremity Peripheral Arterial Disease (P.A.D.)\*

## Individuals at Risk

- Age < 50 yrs with diabetes and one other atherosclerosis risk factor (smoking, dyslipidemia, hypertension, or hyperhomocysteinemia)
- Age 50 to 69 yrs and history of smoking or diabetes
- Age 70 yrs and older
- Leg symptoms with exertion (claudication) or ischemic rest pain
- Abnormal lower extremity pulse examination
- Known atherosclerotic coronary, carotid, or renal arterial disease

## Presentation in Clinical Setting

- **Asymptomatic** (20-50%): No obvious symptoms.
- **Atypical leg symptoms** (40-50%): Discomfort that is exertional, but does not consistently resolve with rest, consistently limit exercise at a reproducible distance, or meet all “Rose questionnaire” criteria.
- **Classic claudication** (10-35%): Symptoms confined to leg muscles with a consistent (reproducible) onset with exercise and relief with rest.
- **Critical limb ischemia** (1-2%): Ischemic rest pain, non-healing wound or gangrene.

- **Acute limb ischemia** (< 1%): Sudden onset ischemic leg symptoms or signs of acute limb ischemia. The five “Ps”: pain, pulselessness, pallor, paresthesias, and paralysis (with polar being a sixth “P”).

## Office Diagnosis

- Take a proactive approach as most patients will not recognize or describe classic symptoms.
- Use a vascular review of symptoms to assess walking impairment, claudication, ischemic rest pain, and/or the presence of nonhealing wounds.
- Perform a standard pulse examination and inspection of the feet in at-risk patients.
- Perform an ankle-brachial index (ABI) in at-risk patients. The ABI, the gold standard diagnostic test, compares the systolic blood pressure in the ankle to the systolic blood pressure in the arm.

## Interpreting the ABI

> 1.30	Noncompressible
1.0 – 1.29	Normal
0.91 – 0.99	Borderline (equivocal)
0.41 – 0.90	Mild to moderate P.A.D.
0.00 – 0.40	Severe P.A.D.

## Therapies for Cardiovascular Risk Reduction for all P.A.D. Patients

- Immediate smoking cessation
- Blood pressure < 140/90 mmHg (< 130/80 mmHg with diabetes or renal disease)
- LDL cholesterol < 100 mg/dl (< 70 mg/dl in very high risk patients)
- A1C < 7.0 % for diabetes patients
- Antiplatelet medications

## Clinician Role in Treating Claudication

- Establish the PAD diagnosis using the ABI or other vascular laboratory evaluations
- Determine that claudication is the major symptom limiting exercise
- Discuss risk-benefit of claudication therapies including pharmacological, percutaneous, and surgical interventions
- Initiate systemic CV risk modification
- Refer to a claudication exercise rehabilitation program

\* Access full text of the *ACC/AHA 2005 Guidelines for the Management of Patients With Peripheral Arterial Disease* at [www.PADCoalition.org](http://www.PADCoalition.org)