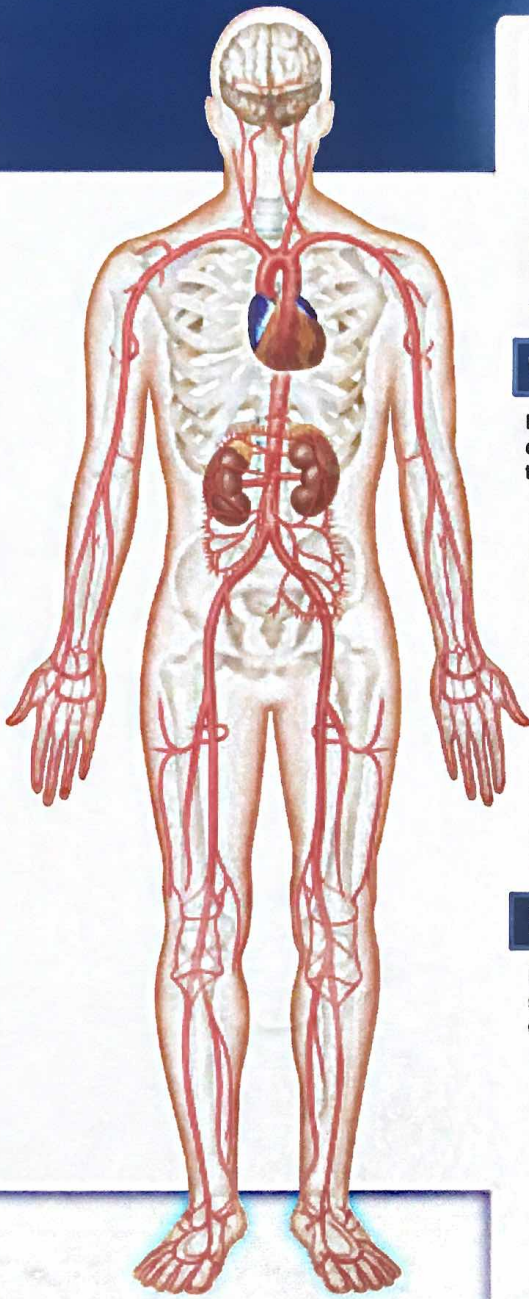


Recommendations for Diagnosing and Treating

PERIPHERAL ARTERIAL DISEASE (P.A.D.)

Lower extremity P.A.D. is a common disease that decreases blood flow in the arteries to the legs and feet. P.A.D. can: cause leg muscle fatigue, discomfort or pain when walking; diminish quality of life and independence; and lead to amputation. All people with P.A.D. have a two- to six-fold higher risk of death from heart attack and stroke.



What causes P.A.D.?

P.A.D. is caused by the build-up of fatty deposits (plaque) and cholesterol in the arteries outside the heart.

Who is at risk?

These factors can increase your risk for P.A.D.:

- Increasing age
- Cigarette smoking
- Diabetes
- High blood pressure
- Abnormal blood cholesterol
- Personal history of heart attack or stroke

Signs and symptoms of P.A.D.

Many people with P.A.D. do not have obvious symptoms. But others with P.A.D. may experience one or more of the following:

- Leg muscle discomfort or pain that is consistently caused by walking and that disappears with rest. This symptom is called "claudication."
- Foot or toe pain at rest that often disturbs sleep.
- Skin wounds or ulcers on the feet or toes that heal slowly (don't heal for 8–12 weeks).

It is easy to diagnose P.A.D.

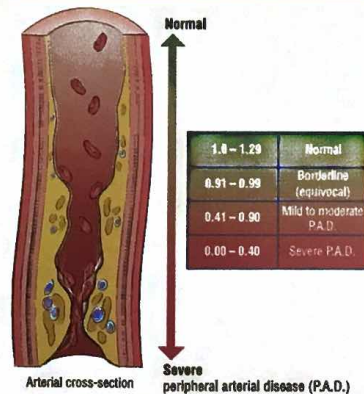
P.A.D. can be diagnosed by:

- A medical history and physical examination of the feet and leg pulses.
- The ankle-brachial index (ABI), a test that compares the blood pressure in your ankles to that in your arms.
- Other studies, measuring the leg blood pressures (segmental pressure), toe pressures (toe-brachial index or TBI) or artery blood flow (with ultrasound).



$$\text{ABI} = \frac{\text{HIGHEST ANKLE SYSTOLIC PRESSURE}}{\text{HIGHEST BRACHIAL (ARM) SYSTOLIC PRESSURE}}$$

Interpreting the ABI



What you can do

If you have P.A.D.

- If you smoke, set a quit date and ask for help to succeed.
- Lower your blood pressure to less than 140/90 mmHg or to less than 130/80 mmHg if you have diabetes or chronic kidney disease.
- Lower your LDL (bad) cholesterol to less than 100 mg/dL.
- If you have diabetes, manage your blood glucose (A1C less than 7.0) and practice proper foot care.
- Use antiplatelet medications (such as aspirin or clopidogrel) to reduce your risk for heart attack and stroke.

With claudication

- Exercise, preferably carried out in a supervised P.A.D. rehabilitation program, is an important treatment for reducing symptoms. Whether under supervision or on your own, the goal is to walk slowly, until you feel discomfort, rest, and then walk again. Do this at least 35 minutes a day, at least three times a week. Gradually increase your time, distance, and endurance.
- Certain medications (such as cilostazol) may reduce symptoms.
- Angioplasty, stenting, or surgical procedures may be effective options to reduce symptoms.

People who smoke are 5–10 times more likely than nonsmokers to develop P.A.D. They also experience more leg symptoms and are more likely to suffer heart attack, stroke, amputation, and death.

Smoking doubles the risk for cardiovascular disease in people with diabetes.



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To learn more, visit: www.PADcoalition.org

Reference: Hirsch RJ, Haidich ZJ, Hlatnik MA, ACC/AHA 2005 Guidelines for the Management of Patients With Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic): A Collaborative Report from the American Association for Vascular Surgery/Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease). Available at: <http://www.ccc.org/atlantype/atlantype/atlantype/PADIndex.pdf>

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