



Peripheral Artery Disease (PAD):

Did you know that PAD increases your risk for heart attack and stroke?

What is PAD?

“It” is known by many names—peripheral artery disease (PAD), peripheral vascular disease (PVD), leg atherosclerosis, claudication, or just poor circulation. Arteries can slowly become narrowed and blocked as a consequence of age, smoking, high blood cholesterol or diabetes. Less blood reaching the muscles in our legs makes them hurt, like angina makes our heart muscle hurt. PAD can usually be effectively treated by a healthier lifestyle, daily exercise and medications to decrease leg pains and to improve one’s chance of avoiding heart attack or stroke. For individuals with the most severe blockages, skin ulcers, nonhealing wounds, or even gangrene can occur. With prompt treatment, pain can be lessened and amputation can be avoided.

It’s not just your legs. It’s your life!

If you have PAD your chances of living a long life decrease dramatically—in fact, if you have severe PAD you have less chance of being alive after five years than if you have some common cancers like colon cancer or lymphoma. This is because your risk of suffering a heart attack can be six times higher than normal, whether you have leg symptoms or not. If you have PAD, IT’S SERIOUS! Ischemia may cause stroke or transient ischemic attacks (TIAs, or mini-strokes) and; in the intestines it is known as mesenteric ischemia and can cause severe abdominal pain.

Is there a cure?

Millions of people are affected by PAD! Many face severe health issues, such as not being able to walk without pain or even losing a leg.

PAD is a disease that increasingly affects people as they age—particularly those with diabetes and those who have ever smoked. PAD is often ignored as many people think the pain or aching is related to aging or arthritis.

Although there is no “cure” for PAD there are many ways you can prevent the progression of the disease. Good health practices, a healthy diet, exercise and not smoking will slow the progression of PAD. Medications can often reduce its symptoms. Control of your risk factors (such as blood cholesterol, blood pressure, diabetes) and use of “antiplatelet” medications can lessen the effect of the most severe consequences of PAD.

For this reason it is important to take action now. If you are at risk, get tested for PAD and follow your doctor’s advice about how to prevent or lessen the effects of this disease.

What are the symptoms of PAD?

PAD affects over 9 million people in the USA—but at least half of those affected have no obvious leg symptoms! Often the first symptom is a cramping, fatigue, numbness, or pain in your leg muscles that goes away when you stop and rest, and that recurs when you begin to walk again. In those individuals who suffer from more severe PAD, insufficient blood flow to the feet and legs may cause a burning or aching pain in the feet and toes while resting or at night. However, only your doctor can use these symptoms to establish an accurate diagnosis.

Who is most at risk for developing PAD? There are specific risk factors that make the development of PAD more likely:

- You have coronary artery disease.
- You have diabetes.
- You currently smoke cigarettes or have smoked in the past.
- You have high blood pressure.
- You have high blood cholesterol.
- Your blood has elevated levels of homocysteine (an amino acid found in the blood).
- You are over 70 years old.

What you can do

Work with your doctor.

If you have any of these symptoms or more than one of the risk factors for PAD, talk with your doctor—use this pamphlet as a guide. Ask for an examination to test for PAD and to measure its severity. The most common test for PAD measures the blood pressure at your ankles, which is then compared to an arm blood pressure. This test is called the “ABI,” or ankle-brachial index. Don’t ignore leg pains. Leg pains are not just part of growing older!

Quit smoking!

We know...everyone tells you this. But smoking is CLEARLY the biggest risk you can have with PAD. Is it worth losing a leg or your life? Work with your doctor on a smoking cessation program. It will not only stop the progression of PAD, but may even reverse some of its effects.

Smoking is one of the most important causes of PAD. Nicotine replacement patches or gum, medications and behavioral therapy can help get you over the smoking habit!



Walk.

One of the best things you can do is walk. Walking has lots of benefits, even if you can’t walk very far. It’s not easy to be regular about exercise, so work with your doctor—a supervised exercise program is more effective than walking alone. Track your progress, but be patient. It took many years to develop PAD and it will take many months for you to achieve the good results you deserve.

Ask your doctor about medications to help you avoid heart attack and stroke and to live longer.

In the past, physicians had few drugs available to help manage PAD. Now this is changing! Research has led to many new medications that can help manage PAD by preventing the formation of blood clots and that can help you walk further without pain.

New medications are now available to patients that can reduce the rate of heart attack, stroke and vascular death and relieve the leg pain many with PAD suffer. Aspirin and cholesterol lowering drugs also help reduce the risk of heart attacks.

Watch what you eat.

Again, work with your doctor, who can help you enjoy a diet that will not only help PAD, but will also reduce your risk of heart attack, stroke and progression of PAD. You should follow a diet that will control your cholesterol and, if you have diabetes, your blood sugar. For some individuals, a diet low in salt can help control high blood pressure. If you are overweight, even losing a few pounds may reduce your risks for heart attack and stroke and help you feel better.

Take all prescribed medications for high blood pressure, cholesterol and diabetes

It is very important to keep your blood pressure, cholesterol and, if you have diabetes, blood sugar levels within normal ranges. The goals are clear! Your blood pressure should be less than 120/80 mmHg. Your blood cholesterol should be lowered so that the LDL cholesterol is less than 100 mg/dl. And your blood sugar should be normal (HgbA1C less than 7.0%). Although taking several medications may be expensive, it is important that you take exactly what your doctor has prescribed. Don’t skip doses of your pills and discuss any concerns with your doctor.

Surgery or angioplasty may be an option for some.

For patients whose walking distances are so short that they cannot perform their jobs or enjoy their lives, there are many safe and effective methods of treating blockages in the arteries supplying blood to the leg. Such methods include “endovascular therapy” which do not require big incisions. These procedures include use of small inflatable balloons to expand narrowed arteries, often with a metal “scaffold,” called a stent to keep the artery open. Other newer endovascular technologies, including laser, plaque “cutters” (atherectomy), cold balloon (“cryoplasty”), and stents with fabric coverings are being tested now. Of course, surgical treatment is available and effective; it includes performing a bypass around the area of the blockage to restore blood flow to the leg and foot. Surgical bypass is now reserved for patients with long blockages that cannot be treated with endovascular therapy. Regardless of the treatment utilized, all patients with PAD must follow their doctor’s advice to help prevent the progression of blockage in the arteries to the legs, heart, kidneys, brain, and other vital organs.

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For more information, visit vascular-disease.org.

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