



What is PAD?

PAD is short for Peripheral Artery Disease. People have PAD when the arteries in their legs become narrowed or clogged with fatty deposits, or **plaque** (pronounced as 'plak'). The buildup of plaque causes the arteries to harden and narrow, which is called **atherosclerosis** (pronounced as 'ath-er-o-sklero'-sis'). When leg arteries are hardened and clogged, blood flow to the legs and feet is reduced. Some people call this poor circulation.

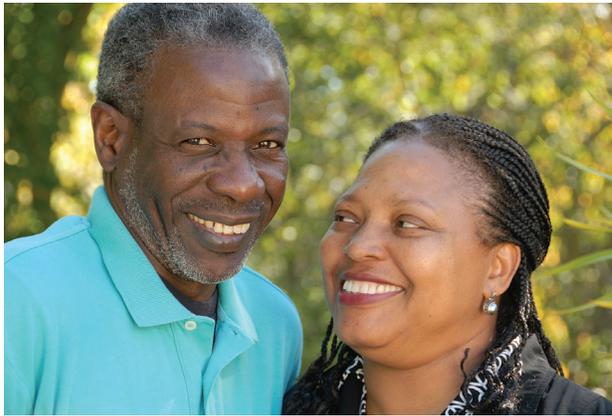
PAD occurs most often in the arteries in the legs, but it also can affect other arteries that carry blood outside the heart. This includes arteries that go to the aorta, the brain, the arms, the kidneys and the stomach. When arteries inside the heart are hardened or narrowed, it is called **coronary artery disease** or **cardiovascular disease**.

The good news is that like other diseases related to the arteries, PAD can be treated by making lifestyle changes, by taking medicines, or by having surgery, if needed. And you can live well with PAD.

Is PAD serious?

PAD is a serious disease that affects millions of Americans over age 50. The hardened arteries found in people with PAD are a sign that they are likely to have hardened and narrowed arteries to the heart and the brain. That is why people with PAD have a two to six times greater chance of death from a heart attack or a stroke.

When the blood flow to the legs is greatly (or severely) reduced, people with PAD may have pain when walking. PAD may cause other problems that can lead to amputation of a toe, foot or a leg. People with PAD may become disabled and not be able to go to work. As time goes on, they may have a very poor quality of life.



Who is at risk for PAD?

The chance of having PAD increases as you get older. People over age 50 have a higher risk for PAD, and the risk is increased if you:

- Smoke or used to smoke
- Have diabetes
- Have high blood pressure
- Have abnormal blood cholesterol levels
- Are of African American ethnicity
- Have had heart disease, a heart attack or a stroke
- Have a family history of PAD, heart attack or stroke.

What are the warning signs or symptoms of PAD?

PAD develops slowly over many years. In the early stages, most people with PAD have no symptoms. Only about one out of three people with PAD actually feel there is something wrong with their feet or legs. By that time, their arteries may be so clogged or hardened that they are not getting enough oxygen to supply their leg muscles.

The most common signs of PAD include one or more of these problems:

- Fatigue, tiredness or pain in your legs, thighs or buttocks that always happens when you walk but that goes away when you rest. This is called claudication (pronounced as 'klo'di-ka'shen').
- Foot or toe pain at rest that often disturbs your sleep.
- Skin wounds or ulcers on your feet or toes that are slow to heal (or that do not heal for 8 to 12 weeks).

Sometimes, people ignore their leg pain and think it is just a sign that they are getting older. As a result, many people with PAD do not know they have it and do not get treatment. It is important to discuss any leg or thigh pain you may be having with your health care provider since it may be a warning sign of a serious disease such as PAD.

How do I find out if I have PAD?

If you think you have PAD, see your health care provider and talk about any symptoms you are having and go over your medical history and your risk factors for PAD. Your provider will examine the pulses in your feet and legs. If your provider finds those pulses are weak and thinks you may have PAD, your provider may order a test called the ABI, which stands for ankle-brachial index (pronounced as ‘an’ kel-bra’ ke-el in ‘dex’).

The ABI is the best test for finding out if you have PAD. It uses sound waves to find out if there is reduced blood flow in the arteries. It also compares the blood pressure in your ankles with the blood pressure in your arms. PAD also can be diagnosed by other tests that measure blood pressures in the leg (segmental pressure), toe pressures (toebrachial index or TBI) or artery blood flow (with ultrasound).

How is PAD treated?

PAD can be treated with lifestyle changes, medicines and special procedures, if needed. Since people with PAD are at high risk for heart attacks and stroke, they must take charge of controlling their risk factors related to cardiovascular disease.

These life saving steps will help to prevent and control PAD:

- Get help to quit smoking and set a quit date now.
- Lower your blood pressure to less than 140/90 mmHg or less than 130/80 mmHg if you have diabetes or chronic kidney disease.
- Lower your LDL (bad) cholesterol to less than 100 mg/dl or to less than 70 mg/dl if you are at very high risk for a heart attack or stroke (if you smoke, have diabetes or have chronic kidney disease).
- Manage your blood glucose to reach an A1C level of less than 7 and practice proper foot care if you have diabetes.
- Talk to your doctor about taking antiplatelet medicines such as aspirin or clopidogrel to prevent clotting.
- Follow a healthy eating plan to control your blood pressure, cholesterol and blood glucose (for diabetes).
- Get regular exercise such as walking for 30 minutes at least 3 or 4 times per week. If you have pain or cramps in your legs, ask your health care provider to refer you to a special PAD exercise program. Talk with your provider about using medicines such as cilostazol to improve your walking ability.

For most people with PAD, these life saving steps may be enough to control the disease and even improve any symptoms. If needed, your health care provider can refer you to a specialist for procedures or surgery to treat arteries that are severely blocked. These procedures often help people with PAD to improve symptoms and to avoid losing a foot or leg.

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