

Symptoms

Most people do not have symptoms, but for many, the first noticeable symptom of PAD is a painful cramping of leg muscles during walking called intermittent claudication. When a person rests, the cramping goes away. This leg pain can be severe enough to deter a person from normal walking.

Some individuals will not feel cramping or pain but might feel a numbness, weakness or heaviness in the muscles. In patients whose PAD is more severe, insufficient blood flow to the feet and legs may cause a burning/aching pain in the feet and toes while resting. The pain will occur particularly at night while lying flat. Other symptoms include:

- Cooling of skin in specific areas of legs or feet
- Color changes in the skin and loss of hair
- Toe and foot sores that do not heal

“Silent PAD”

Many people do not have symptoms. These individuals are at a high risk for suffering an early heart attack or stroke. Research has proven that the life expectancy for a person with PAD is greatly reduced. For example, the risk of dying from heart disease is six times higher for those with PAD compared to those without. Therefore, it is important to discuss the possibility of PAD with a health care professional if someone has several of the risk factors for PAD.

THE VASCULAR DISEASE FOUNDATION

Established in 1998, the Vascular Disease Foundation (VDF) develops educational information and initiatives for patients, their families and friends, and health care providers regarding often ignored, but serious vascular diseases. In fact, VDF is the only multidisciplinary national public 501(c)(3) non-profit organization focused on providing public education and improving awareness about vascular diseases. For more information, visit vasculardisease.org.



Diagnosis

Several tests may be required to diagnose PAD and determine the extent of the disease. Some of these tests may be performed in a primary care physician's office, whereas others may be performed by a vascular specialist or in a vascular lab. Most tests are non-invasive and thus should be fairly painless.

- Medical history and physical exam
- Ankle-Brachial Index (ABI)
- Treadmill Exercise Test
- Reactive Hyperemia Test
- Segmental Pressure Measurements
- PVR Waveform Analysis
- Duplex Arterial Imaging or Ultrasound Imaging
- Photoplethysmography (PPG)
- Arteriogram

Treatment

Treatment options vary and depend on the overall health of the patient and the severity of the diagnosis. The health care provider should provide the patient with adequate information to help understand all options. The majority of intermittent claudication cases are treated without surgery. A treatment plan usually involves lifestyle changes and one or more of the following:

- Exercise therapy
- Lifestyle modifications
- Medication
- Diet
- Smoking cessation
- Diabetes management
- Blood pressure management
- Foot care
- Endovascular therapy
- Vascular surgery

Help the Vascular Disease Foundation continue to make this critical educational information available. Your contribution will make saving lives a greater reality. Make a donation today at: contact.vasculardisease.org/donate

To find out more about the Vascular Disease Foundation, call 888.833.4463 or visit us online at www.vasculardisease.org