

Top Ten Things to Know Management of Patients with Lower Extremity Peripheral Artery Disease

1. Peripheral artery disease, or atherosclerosis of the leg arteries, affects 8.5 million Americans, yet awareness among the public and health-care providers is lagging.
2. PAD is a serious medical condition that can cause pain in the legs while walking, other difficulty with walking, impaired quality of life and ability to participate in work or recreational activities. PAD increases risk for leg problems, heart attack and stroke. Early detection and treatment as well as lifestyle changes can improve leg function and quality of life for persons with PAD.
3. This guideline provides health care professionals with the latest, evidence-based recommendations for prevention, diagnosis and treatment of PAD.
4. Risk factors for PAD include older age, diabetes, smoking (current or prior use), high cholesterol, high blood pressure, and family history of PAD. Patients with coronary artery disease or atherosclerotic plaque in other areas, such as carotid artery disease, are also at increased risk for PAD.
5. A simple non-invasive test, the ankle-brachial index, (ABI), is used to diagnose PAD in persons with symptoms, physical findings, or increased risk of the disease.
6. For most patients, the initial treatment for ischemic leg pain with walking, or claudication, is medication therapy and an exercise program. For some patients procedures such as stent placement or surgery may be used to improve blood flow to the legs and improve walking symptoms.
7. Medical therapy, such as anti-platelet medications and statins, can prevent heart attacks and strokes in patients with PAD.
8. Wounds that do not heal could be due to severe PAD, a condition called critical limb ischemia (CLI). Patients with CLI benefit from procedures to improve blood flow to the legs, medications to manage cardiovascular risk factors, and dedicated wound care.
9. Acute limb ischemia is a vascular emergency due to blood clot formation in the leg. Patients with ALI warrants immediate assessment, initiation of anticoagulation (blood thinning medications), and triage for catheter-based or surgical procedures to restore blood flow to the leg. A delay in diagnosis and treatment of ALI increases the risk of amputation.
10. The document outlines 11 priorities and future directions for PAD-related research and identifies 3 top priorities for advocacy. One key advocacy priority discussed is the importance of insuring access to supervised exercise programs for patients with PAD, including coverage of such programs by third party payers.

Ross HJ, et al; on behalf of the American Heart Association Adults With Congenital Heart Disease Committee of the Council on Clinical Gerhard-Herman MD, Gornik HL, Barrett C, Barshes NR, Corriere MA, Drachman DE, Fleisher LA, Fowkes FGR, Hamburg NM, Kinlay S, Lookstein R, Misra S, Mureebe L, Olin JW, Patel RAG, Regensteiner JG, Schanzer A, Shishehbor MH, Stewart KJ, Treat-Jacobson D, Walsh ME. [2016 AHA/ACC guideline on the management of patients with lower extremity peripheral artery disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines](#) [published online ahead of print November 13, 2016]. *Circulation*. doi: 10.1161/CIR.0000000000000471.

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