

PAD affects 8 to 12 million people in the United States

What is Peripheral Arterial Disease (PAD) and how can it affect you?

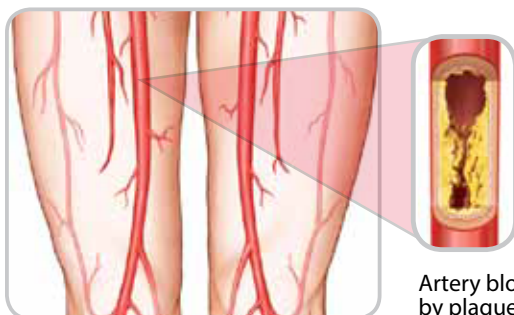
One in every 20 Americans over the age of 50 has PAD, a condition that raises the risk for heart attack and stroke. Peripheral arterial disease, or PAD, occurs when extra cholesterol and other fats circulating in the blood collect in the walls of the arteries that supply blood to your limbs. This buildup—called plaque—narrows your arteries, often reducing or blocking the flow of blood. PAD is most commonly seen in the legs

PAD often goes undiagnosed, so it is important to ask your healthcare provider about your risks.

Plaque buildup in the legs does not always cause symptoms, so many people can have PAD and not know it.

Timely detection and treatment of PAD can improve the quality of your life; help you keep your independence and mobility; and reduce your risk of heart attack, stroke, leg amputation, and even death.

Leg Arterial System



Artery blocked by plaque

Questions & Answers

Q: I currently have no symptoms of PAD, but I have several of the risk factors listed. Should I still be screened?

A: Many people with progressing PAD have no symptoms at all, so it is important to talk to your doctor about your risk factors. A PAD diagnosis can be done by asking a few simple questions, performing a simple exam and if required, doing a quick and easy test.

Q: I have a history of Coronary Artery Disease. Will my doctor test me for PAD?

A: Although your doctor is continually monitoring your health, you may need to request that your doctor do an Ankle Brachial Index (ABI) Screening test. ABI screening is a simple blood pressure calculation. It is painless and takes no more than 15 minutes and can identify the presence of asymptomatic PAD.

Q: After my ABI, my doctor told me that I needed a diagnostic ultrasound to determine the severity of my PAD. Should I wait until I have leg pain?

A: Your doctor is in the best position to advise you of your diagnosis and treatment options. Early diagnosis and treatment can prevent complications associated with the progression of PAD. A common risk associated with untreated PAD is Critical Limb Ischemia (CLI). Patients who wait until their PAD progresses are at risk of developing CLI, which can lead to severe pain and even amputation.



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Peripheral Arterial Disease (PAD) can lead to amputation.

Are you aware of the facts that could save your legs?

Nearly 75% of people with PAD do not experience symptoms...

What puts you at risk for PAD?

- Over the age of 50.
- Smoke or used to smoke. Those who smoke or have a history of smoking have up to 4x greater risk of PAD.
- Diabetes. 1 in 3 people over the age of 50 with diabetes is likely to have PAD.
- High blood pressure. Raises the risk of developing plaque in the arteries.
- High cholesterol. Excess cholesterol and fat in your blood contribute to the formation of plaque in the arteries, reducing or blocking blood flow to your heart, brain, or limbs.
- History of vascular disease, heart attack, or stroke. If you have heart disease, you have a 1 in 3 chance of also having PAD.
- African American or Hispanic. Some minority groups are more than twice as likely to have PAD.

What are the Signs and Symptoms of PAD?

- Claudication, fatigue, heaviness, tiredness, cramping in the leg muscles (buttocks, thigh, or calf) that occurs during activity such as walking or climbing stairs.
- Pain in the legs and/or feet that disturbs sleep.
- Sores or wounds on toes, feet, or legs that heal slowly, poorly, or not at all.
- Color changes in the skin of the feet, including paleness or blueness.
- Lower temperature in one leg compared to the other leg.
- Poor nail growth and decreased hair growth on toes and legs.

Most people with PAD do not experience symptoms. People with PAD are at higher risks for stroke and heart attack.

How is PAD Diagnosed?

Whether you see a family physician, internist, physician assistant, or nurse practitioner, the first step is to ask about your risk for PAD. Your provider will take a medical and family history, perform a physical exam, and conduct diagnostic tests.

Physical Exam

During the physical exam, your health care provider may check:

- Pulses in your legs and feet to determine if there is enough blood flowing to these areas.
- The color, temperature, and appearance of your legs and feet.
- Signs of poor wound healing on the legs and feet.



Before endovascular treatment



After endovascular treatment

* Individual results may vary.

Diagnostic Tests

When checking you for PAD, your health care provider may perform a simple noninvasive test called an ankle-brachial index (ABI). Painless and easy, the ABI compares the blood pressure readings in your ankles with the blood pressure readings in your arms.

An ABI can help determine whether you have PAD, but it cannot identify which arteries are narrowed or blocked. Your health care provider may decide to do a Doppler ultrasound test to see whether a specific artery is open or blocked. This test uses sound waves to measure the blood flow in the veins and arteries in your arms and legs.



How is PAD Treated?

The overall goals for treating PAD are to reduce symptoms, improve quality of life and mobility, and prevent heart attack, stroke, and amputation. There are three main approaches to treating PAD: making lifestyle changes; taking medication; and in some cases, having an endovascular procedure or surgery. Your health care provider will determine the best treatment options for you, based on your medical history.

Questions to Ask Your Health Care Provider:

1. Does my medical history raise my risk for PAD?
2. Which screening tests or exams are right for me?
3. What is my blood sugar level? If it's too high or if I have diabetes, what should I do about it?
4. What is my blood pressure? Do I need to do anything about it?
5. What are my cholesterol numbers? (These include total cholesterol, LDL, HDL, and triglycerides—a type of fat found in the blood and food.) Do I need to do anything about them?
6. What can I do to quit smoking?
7. If I have PAD, what steps should I take to treat it?
8. Will PAD increase my risk for other conditions?
9. What non-invasive type of procedures are available to treat PAD?