

## 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 healthcare provider will determine the best treatment options for you, based on your medical history.

## Questions to Ask Your Healthcare 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?

## 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 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). CLI occurs when blood flow is restricted to tissue of the lower leg. 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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[www.rsfh.com/heartandvascular](http://www.rsfh.com/heartandvascular)

References: [www.padcoalition.org](http://www.padcoalition.org)  
114780-003 (A) OCT/09

# Peripheral Arterial Disease (PAD)



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## PAD affects 8 to 12 million people in the United States

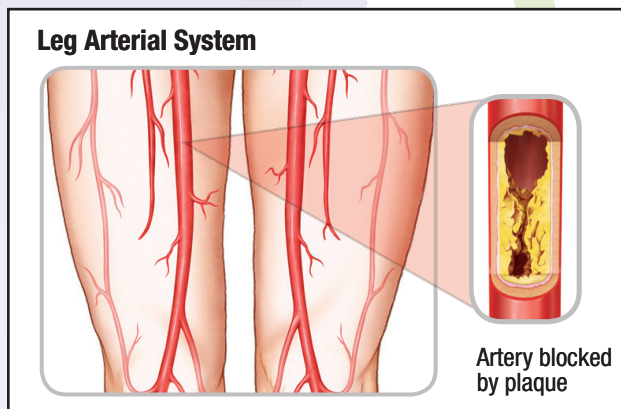
### What is Peripheral Arterial Disease (PAD) and how can it affect you?

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.



## Nearly 75% of people with PAD do not experience symptoms... Are you aware of the facts that can save your life?

### What puts you at risk for PAD?

- **Age:** If you are over the age of 50.
- **Smoking:** Current or past smoking can increase your risk 4 times.
- **Diabetes:** 1 in 3 people with diabetes is likely to have PAD.
- **High blood pressure:** Increases the risk of plaque development.
- **High cholesterol and fat:** 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:** You have a 1 in 3 chance of also having PAD.
- **Minority Groups:** African Americans and Hispanics are 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.

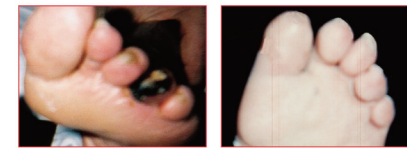
### How is PAD Diagnosed?

Whether you see a family doctor, 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 healthcare 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.



\* Individual results may vary.

#### Diagnostic Tests

When checking you for PAD, your healthcare provider may perform a simple non-invasive 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 healthcare 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.