



What You Should Know About... PAD

Arteries are found throughout your body and are essentially the routes through which oxygen-rich blood travels. The information presented here specifically focuses on those in the extremities (particularly in the legs), which are called *peripheral arteries*. *Peripheral arterial disease*, or *PAD*, refers to the clogging and hardening of peripheral (other than coronary) arteries by the accumulation of a fatty substance called *plaque*. This process is called *atherosclerosis*. With certain lifestyle changes and/or the right medications, PAD can be prevented—and sometimes even reversed. Here is how you may be able to reduce your risk...

Q I thought atherosclerosis had to do with the heart. How is hardening of leg arteries related to this?

You're right: Atherosclerosis is normally associated with arteries in the heart, but clogged peripheral arteries can be equally as dangerous. Clogging and hardening of leg arteries can slow the flow of blood to the heart, which in turn causes **angina**, a type of temporary chest pain, pressure, or discomfort. Angina is a symptom of **coronary artery disease**.

Q How will I know if I have PAD?

There are few or no symptoms associated with PAD, but there are certain telltale signs that may lead you to ask your doctor about whether you might have the disease. You may experience leg cramping or pain in your calves, legs, or buttocks while walking, a condition called **intermittent claudication**. Other symptoms of PAD include numbness or weakness in the legs and feet; hair loss on the lower extremities; and a pale or blue tint to the skin on the legs. If you experience burning or aching in your feet and toes (especially when lying down at night), or if you have open sores or ulcers on your limbs, you may have a severe case of PAD. It's important to talk with your physician about these symptoms.

Q What will my doctor look for?

If you have one or more of the risk factors described below, your doctor will examine you to confirm or refute a diagnosis of PAD. He or she will first ask you about your lifestyle (how active you are, etc), and then look for the presence of leg cramping or pain and for weak pulses in the groin, knees, or ankles. Your doctor may then take a specific reading of your **systolic blood pressure (SBP)** from both your ankle and your arm, comparing them with each other to get what is called an **ankle-brachial index**. Normally, these numbers are somewhat similar; however, if the SBP in your ankle is significantly lower than the SBP in your arm, your doctor may want to further investigate the possibility of PAD. You also may be asked to have diagnostic tests (eg, ultrasound or magnetic resonance angiogram) done to confirm a diagnosis.

Q What are risk factors for PAD?

While some risk factors are controllable, some are not. The leading risk factor for PAD is smoking. If you have type 2 diabetes or high blood pressure (also called **hypertension**), you are also at increased risk. Age and gender are also important determinants, as PAD is more common in the elderly and in men 50 years of age and older. Other risk factors include high cholesterol and a history of coronary artery disease or stroke.

Q What kind of treatment will I need?

Treatment for PAD will likely be approached from two angles. Initially, your doctor may prescribe a medication to reduce pain and reduce the risk for blood clots (see box). Next, he or she will attempt to manage your risk factors by encouraging you to quit smoking and to begin walking for exercise. People with intermittent claudication should walk at least 30 minutes a day if possible. Elevating the head of your bed by 4 to 6 inches may help increase the flow of blood to your legs. You will also be advised to control—and monitor regularly—your blood pressure, blood sugar, and cholesterol and eat a low-saturated-fat, low-cholesterol diet. Finally, although it's a last resort, there is another approach: surgery. If your PAD is severe, your doctor may advise you to have surgery to unclog one or more of your peripheral arteries.

TYPES OF MEDICATIONS TO TREAT PAD...

- Drugs that treat leg pain by increasing the amount of oxygen that reaches the tissues
- Antiplatelet drugs, including aspirin, that help prevent the formation of blood clots
- Anticoagulants, also called blood thinners, especially for those at high risk for blood clots
- Medications that either stop cholesterol from forming or help the body remove extra cholesterol, leaving less cholesterol to build up in arteries
- High blood pressure medications (untreated hypertension can damage blood vessels as well as the heart)
- Drugs used to control diabetes (people with diabetes are at increased risk for problems with circulation and for atherosclerosis)

DID YOU KNOW...

- Between 8 million and 12 million adults in the United States have PAD; of these, nearly 75% do not have symptoms.
- If left untreated, PAD can lead to heart attack or stroke.
- Lower leg pain associated with PAD can progress to the thighs and buttocks.

Committee on Cardiovascular and Metabolic Diseases™



CCMD™
CCMDweb.org

Formerly the National Lipid Education Council®
lipidhealth.org

**FOR MORE INFORMATION:
TALK TO YOUR PHYSICIAN
OR VISIT WWW.CCMDWEB.ORG**

