

Table 18. Guide to Cardiovascular Risk Reduction in Patients with Peripheral Arterial Disease (PAD)

Risk Intervention Goal(s)	Recommendations
<p>Lipid Management:</p> <p>Primary goal LDL-C <100 mg/dL (optimal goal: <70 mg/dL)</p>	<p>If LDL-C is ≥ 100 mg/dL, treatment with a statin is recommended.</p> <p>If multiple risk factors are present (especially diabetes); severe and poorly controlled risk factors such as continued cigarette smoking; multiple risk factors of the metabolic syndrome (especially \uparrow triglycerides ≥ 200 mg/dL, non-HDL-C ≥ 130 mg/dL with low HDL ≤ 40 mg/dL); and in presence of acute coronary syndrome, use therapeutic option of LDL-C <70 mg/dL</p>
<p>Blood pressure control:</p> <p><140/90 mm Hg (nondiabetics) <130/80 mm Hg (diabetics and those with chronic renal failure)</p>	<p>Beta blockers are effective antihypertensive agents and are not contraindicated in patients with PAD.</p> <p>ACE inhibitors are reasonable for symptomatic patients with lower extremity PAD to reduce the risk of adverse cardiovascular events.</p> <p>ARBs may be considered for patients with asymptomatic lower extremity PAD to reduce the risk of adverse cardiovascular events.</p>
<p>Glucose control:</p> <p>HbA1c <7%</p>	<p>Diabetics with lower extremity PAD should be treated aggressively to reduce their HbA1c to <7%.</p> <p>Frequent foot inspection will enable early identification of foot lesions and ulcerations and facilitate prompt referral for treatment.</p>
<p>Smoking:</p> <p>Complete cessation</p>	<p>Offer comprehensive smoking cessation interventions, including behavior modification therapy, nicotine replacement therapy, or bupropion.</p>
<p>Antiplatelet agents</p>	<p>Antiplatelet therapy is indicated to reduce the risk of MI, stroke, or vascular death</p> <p>Aspirin therapy (75–325 mg) is recommended daily</p> <p>Clopidogrel (75 mg) is recommended as an effective alternative antiplatelet therapy to aspirin</p> <p>Warfarin is not recommended</p>

Physical activity	<ul style="list-style-type: none">▪ Supervised exercise training is recommended as an initial treatment modality. Training should be performed for a minimum of 30–45 minutes, in sessions performed at least 3 times per week for a minimum of 12 weeks.▪ Unsupervised exercise programs are not recommended.
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Hirsch AT, Haskal ZJ, Hertzler NR, et al. ACC/AHA guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic)—Executive Summary. *J Am Coll Cardiol.* 2006;47:ahead of print.