



### A Patient's Guide to Understanding Peripheral Arterial Disease

**P**eripheral arterial disease, or PAD, is a disease that causes fatty deposits called plaque to build up in the arteries of the legs (*peripheral arteries*). This plaque buildup makes the arteries harden, known medically as *atherosclerosis*. Leg arteries that are clogged and hardened can slow down the flow of blood to the heart, which can lead to *coronary artery disease* and possibly a heart attack or stroke.

#### **Who is at risk for PAD?**

There are many risk factors for PAD. Some are *controllable*, meaning that they can be improved with certain changes to your lifestyle or with appropriate medication that your healthcare provider can prescribe. Examples include smoking, which is the leading risk factor. Others that can put you at higher risk are high blood pressure (*hypertension*), high cholesterol, and type 2 diabetes. *Uncontrollable* risk factors are ones that you cannot reverse. These include age, gender, family history for heart disease or stroke, and African-American ethnicity.

#### **Does PAD have any symptoms?**

PAD has few or no symptoms; in fact, most people with PAD don't have any symptoms. In people who do experience symptoms, the most common is cramping or pain in the calves, legs, or buttocks while walking, known as *intermittent claudication*. Other symptoms include numbness or weakness in the legs and feet; hair loss on the legs or feet; and a pale or blue color 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 legs or arms, you may have a severe case of PAD. It's important to talk with your healthcare provider about these symptoms as soon as possible.

#### **What will my healthcare provider look for?**

If you have any of the risk factors described above, your healthcare provider will examine you for PAD. He or she will first ask you about your lifestyle (how active you are, etc), and then look for leg cramping or pain and for weak pulses in your groin, knees, or ankles. Blood pressure readings from your ankle and arm will be compared to find out your *ankle-brachial index*, a test that determines if there is any blockage in your blood vessels. Normally, the readings in your ankle and arm are somewhat similar; however, if one of them is much lower than the other, your healthcare provider may want you to have diagnostic tests (eg, *ultrasound* or *magnetic resonance angiogram*) done to confirm a diagnosis.

#### **What kind of treatment will I need?**

Two types of treatments can be helpful for PAD—lifestyle changes and medications. Initially, your healthcare provider will try to manage your risk factors by encouraging you to quit smoking and to get moving! Regular exercise, especially walking, can help to improve *intermittent claudication*. (See “Reducing Your Risk for PAD” for more lifestyle changes that can help with PAD.) In addition to lifestyle modifications, your healthcare provider may prescribe medication or, if your PAD is severe, advise you to have surgery to unclog one or more of your peripheral arteries.

#### **REFERENCES:**

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#### Reducing Your Risk for PAD

In a recent telephone survey, only 26% of people knew about PAD. Even those who were aware of PAD did not know that certain risk factors can make PAD symptoms worse. Here are some tips for managing your risk factors.

- ◆ Control—and monitor regularly—your blood pressure, blood sugar, and cholesterol
- ◆ Eat a low-fat, low-cholesterol diet
- ◆ Try to walk at least 30 minutes 3 to 5 times per week, and increase your walking distance weekly
- ◆ Raise the head of your bed by 4 to 6 inches; it helps to increase blood flow to your legs

Make sure to talk with your healthcare provider before trying any of these tips.

#### Did You Know...

- ◆ Nearly 8 million adults in the United States have PAD; of these, nearly 50% do not have symptoms
- ◆ 12% to 20% of people over age 65 are affected by PAD
- ◆ If left untreated, PAD can lead to heart attack or stroke
- ◆ People who smoke develop PAD symptoms 10 years earlier than people who do not smoke
- ◆ Lower leg pain associated with PAD can progress to the thighs and buttocks

**For more information:**  
Talk to your healthcare provider  
or visit [www.LegDisorders.org](http://www.LegDisorders.org)