

Authors: E. AGABITI-ROSEI - G. AMBROSIO - L. BADIMON - J.P. BASSAND - A. BAYÉS DE LUNA - M.E. BERTRAND - E. CHAZOV - S. CHIERCHIA - J. CLELAND - D. CLEMENT - D. COKKINOS - N. DANCHIN - R. DIETZ - P. DOMINIAK - I. EDES - E. ERDMANN - R. FERREIRA - H.R.FIGULLA - W. FLAMENG - I. GRAHAM - G. JACKSON - W. JANUSZEWICZ - J.C. KASKI - P. KEARNEY - W. KLEIN - F. KOLBEL - M. KOMAJDA - W. KÜBLER - J.L. LOPEZ-SENDON HENTSCHEL - G. MANCIA - W.J. MCKENNA - T. MEINERTZ - J.M.LCZOCH - D. MULCAHY - E. O'BRIEN - A. OTO - J. PAPP - W.J. PAULUS - J. POLONIA - I. PRÉDA - L.A. PROVIDENCIA - J. REID - W.J. REMME - W. RUZYLO - Z. SADOWSKI - P. SERRUYS - P. SLEIGHT - J. SOLER-SOLER - J. SOMERVILLE - P.G. STEG - H.A.J. STRUIJKER BOUDIER - B. SWYNGHEDAUW - L. TAVAZZI - M. TENDERA - P. TOUTOUZAS - A. VAHANIAN - J.L. VANOVERSCHELDE - J. WIDIMSKY - M. YACOB

Management of peripheral artery disease: are we doing better?

In a previous issue of the *Journal by Fax*¹ we were informed that high blood pressure is not controlled well in many parts of the world; is the management of peripheral artery disease (PAD) any better?

The TASCII guidelines on PAD² have highlighted what should be done: besides continued management of all risk factors (like lipids, blood pressure, nicotine, diabetes, and body weight), diagnosis can be made and prognosis estimated by calculating ankle brachial artery systolic pressure index (ABI). Many new technical details have been published on ABI;³ the relative value of using the highest or lowest pressure at the foot arteries is in the middle of the debate. It has also been documented that not only a lowered ABI is linked to worse prognosis but also an elevated value, indicating hardened vessels. The relationship of ABI to prognosis is therefore J-shaped (*Figure 1*). A recent meta-analysis⁴ has confirmed and expanded the strong prognostic value of the technique; in a very large database dealing with a follow-up of 480 325 patient-years, it was shown that ABI can predict events even after adjustment for the risk factors derived from the Framingham Score; ABI scores "over and above" our actual most regularly used tools for long-term risk calculation. Thus, everyone seeing vascular patients should measure ABI! It is not surprising that the Hypertension Guidelines⁵ list ABI as one of the suggested techniques to be performed in hypertensive patients.

However, recent data have shown that neither risk factor control nor ABI measurement are implemented in routine use as suggested by the guidelines. In the US Partners study,⁶ a large number of patients with PAD were detected by performing an ABI; in many, the disease was totally unknown to the practicing physician. In the REACH registry⁷ it was shown that complete risk factor control was found in less than 25% of the patients! In a substantial subgroup of PAD patients, no antiplatelet drugs (aspirin, clopidogrel) were given, although they are highly recommended (level A) by guidelines.² In contrast to what guidelines suggest for antihypertensive drugs, combination of antiplatelet agents is not advised. However, in a recent paper, it has been documented that combination of aspirin and clopidogrel could prevent myocardial infarction and hospitalization for ischemic events better than aspirin alone.⁸

How can we improve on this situation? (*Table I*). The first quite important issue is to fully inform physicians on the risk of PAD patients; this is a new concept, unknown or underestimated by many as it is new knowledge published only the last 10 years. As for hypertension, repeated conversations with the PAD patient on the issue of risk and the benefit of treatment should be organized; participation of partners or family members are extremely helpful in this respect. Lifestyle adaptation, not liked by many patients but often very helpful, should be organized, as was done 25 years ago in rehabilitation centers for coronary patients. Keeping a log book of daily activities such as home training and controlling lipid and calory

content of daily food is very helpful to show that prescriptions are not entirely followed up in daily life. The role of continued intake of low-dose aspirin or, if unsuccessful, clopidogrel, should be explained and all means to improve compliance with such treatment used. ABI measurement should be introduced in the GP's office and performed as a routine in cardiology and neurology clinics. Finally, all insurance and governmental bodies should be informed, in order to understand the problem and to help by providing the necessary financial support.

Figure 1. Ankle-brachial artery index classes (ABI) and cardiovascular risk.

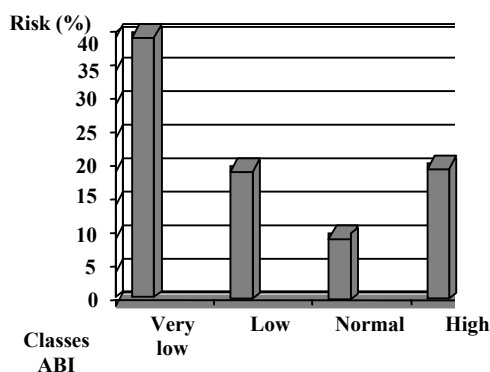


Table I. How to improve the management of PAD.

- Organize repeated teaching sessions for physicians on the risk linked to PAD
- Set up repeated conversations with the patients on the rationale of the treatment
- Involve partner and family members in such conversations
- Keep a log book on the daily implementation of lifestyle adaptation (eating habits, training)
- Convince authorities of the necessity for financial help

Governmental bodies should understand that prevention in any form will be much more cost-effective than the treatment of the very expensive complications at heart and brain level that PAD patients are exposed to.

D.L. CLEMENT - Ghent, Belgium

References: 1. Clement DL. *Journal by Fax*. 2009;Vol. XIV n°02. 2. Norgren L, Hiatt W. *Int. Angiol.* 2007;26:81-157. 3. De Buyzere M, Clement DL. *Progress CV Dis.* 2008;50:238-263. 4. Fowkes GK. *JAMA.* 2008;197-208. 5. ESC-ESH 2007 Guidelines for the management of Hypertension. *J Hypertens.* 2007; 25:1105-1187. 6. PARTNERS study: *JAMA.* 2001;286:317-324. 7. Steg G. et al. REACH Registry. *JAMA.* 2007; 297:1197-1206. 8. Cacoub PP et al. *Eur.Heart J.* 2009;30:192-201.

All texts for *The European Cardiologist - Journal by Fax* are available on our website: www.servier.com

In the event of any questions, or if you wish to receive the referenced publications, please contact fax n° 01 55 72 75 02

Medical service from Serdia Pharmaceuticals
Makers of

COVERSYL®
PERINDOPRIL *Once daily*

NATRILIX® SR
1 TABLET DAILY

FLAVEDON® MR
2 tablets daily

SERDIA PHARMACEUTICALS (INDIA) PVT. LTD.

Serdia House, Off Dr. S.S. Rao Road, Parel, Mumbai 400 012.

Under Licence from: Les Laboratoires Servier, France. Visit us at: www.serdiapharma.com

