

Peripheral Artery Disease-Lower Extremity arterial disease

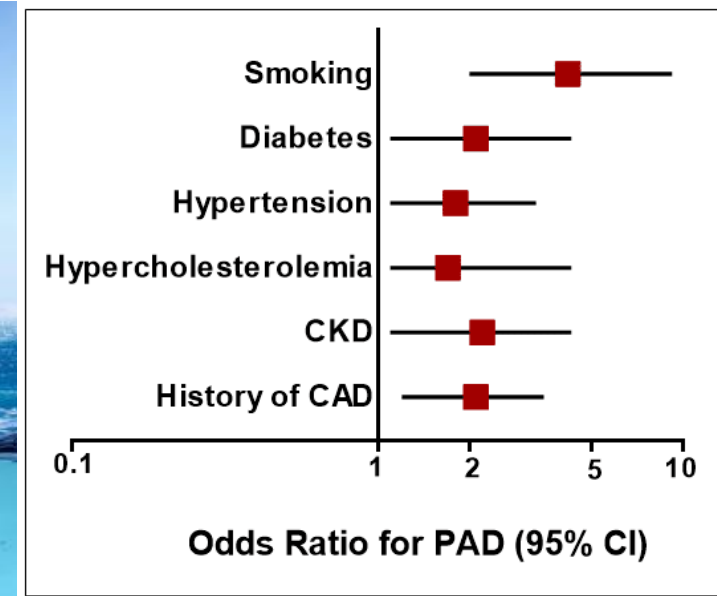
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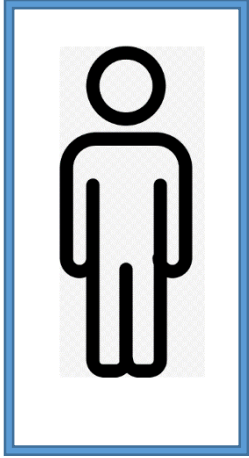


1% with critical limb ischemia

25% have typical 'claudication'

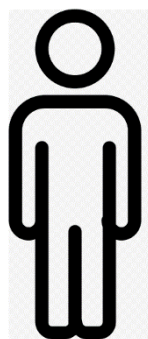
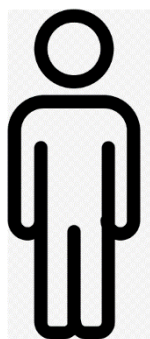
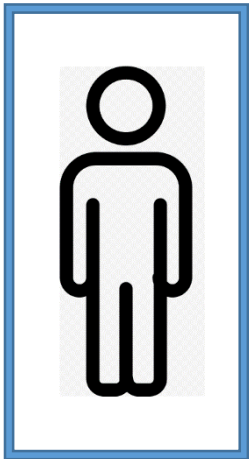


**> 70% are either asymptomatic or have non specific complaints
In their lower extremities**

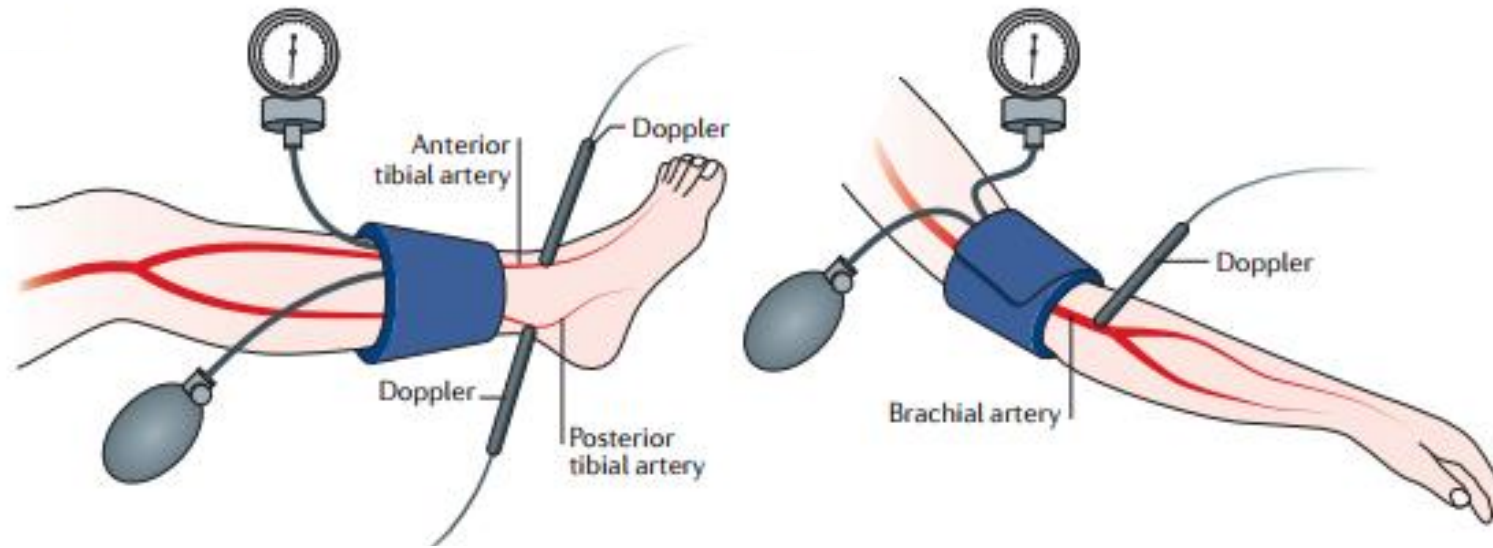


1 of 3 patients in age >70 or 50-69 years with DM or smoking have PAD

2 fold higher in African-Americans

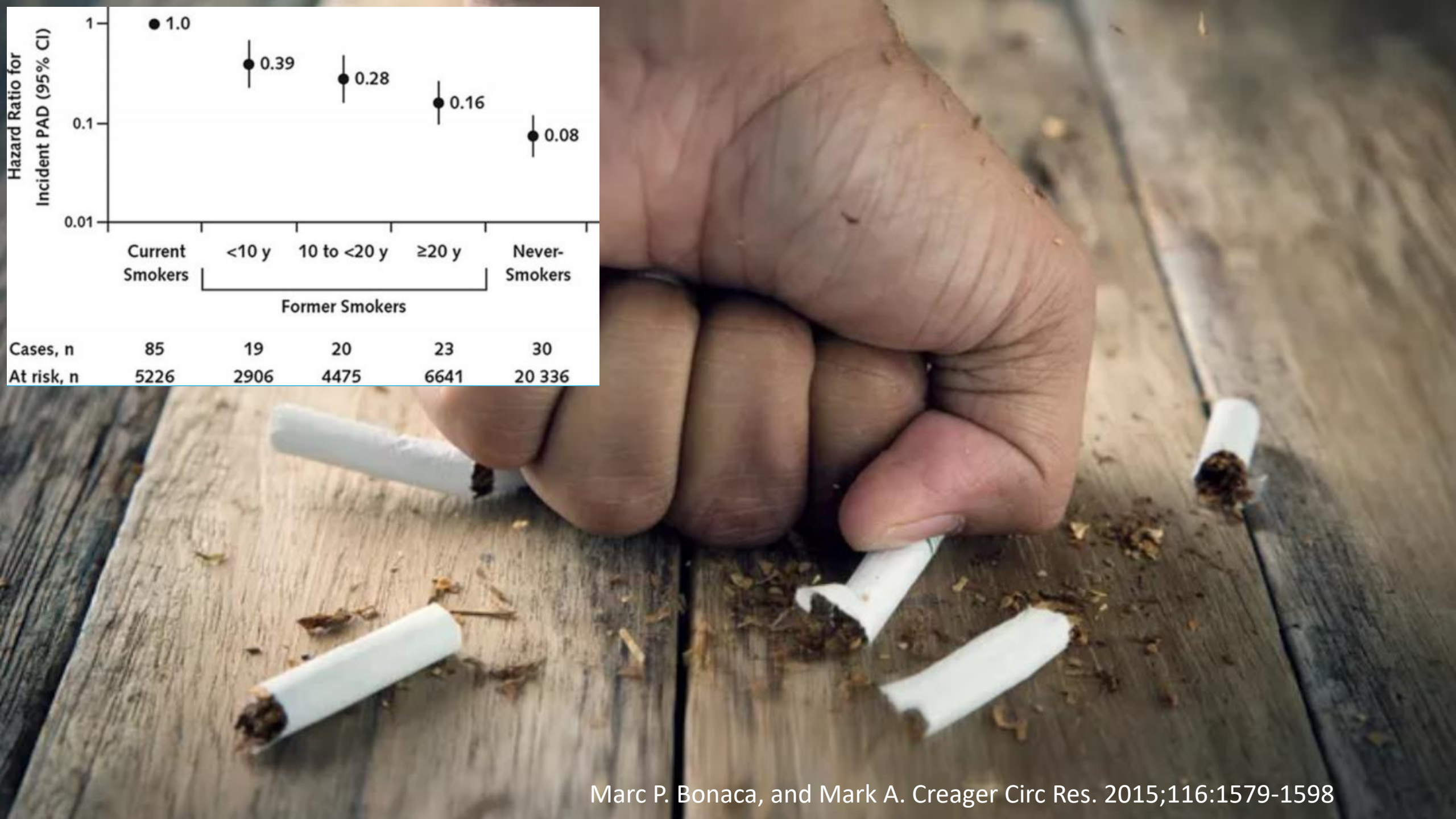
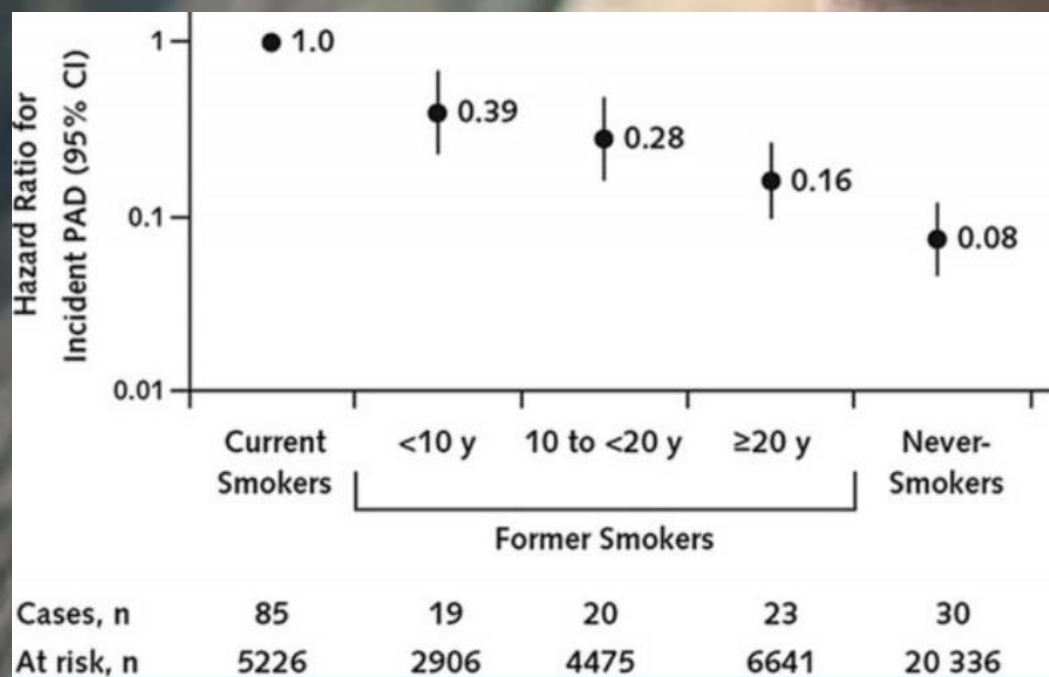


1 of 5 patients with PAD will experience a stroke or major cardiovascular event in 5 years



Ankle-Brachial Index (ABI)	Interpretation
1.0-1.4	Normal
0.91-0.99	Borderline range
0.70-0.90	Mildly abnormal
0.40-0.69	Moderately abnormal
<0.40	Severely abnormal
>1.4	Incompressible vessels







Supervised Exercise Therapy (Now Covered by CMS!)

- Frequency : Three times per week
- Type of exercise : Treadmill walking, supervised
- Duration : 12 to 24 weeks

Home Exercise therapy

- 30-45 minutes/session
- Atleast Three times a week
- Minimum 12 weeks
- Should have periodic visits to the medical center for feedback from PT/Coach



Everyone with PAD gets



2. **High intensity statins**

3. **Ace inhibitors for management of Hypertension**

1. CAPRIE Steering Committee. Lancet. 1996;348:1329-1339

2. ACC/AHA Versus ESC Guidelines for Diagnosis and Management of Peripheral Artery Disease; JACC Guideline Comparison Vol 72, NO 22, 2018



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1. Cacoub, P. Eur Heart J. 2009;30(2):192-201
2. ACC/AHA Versus ESC Guidelines for Diagnosis and Management of Peripheral Artery Disease; JACC Guideline Comparison Vol 72, NO 22, 2018

New Kids On The Block



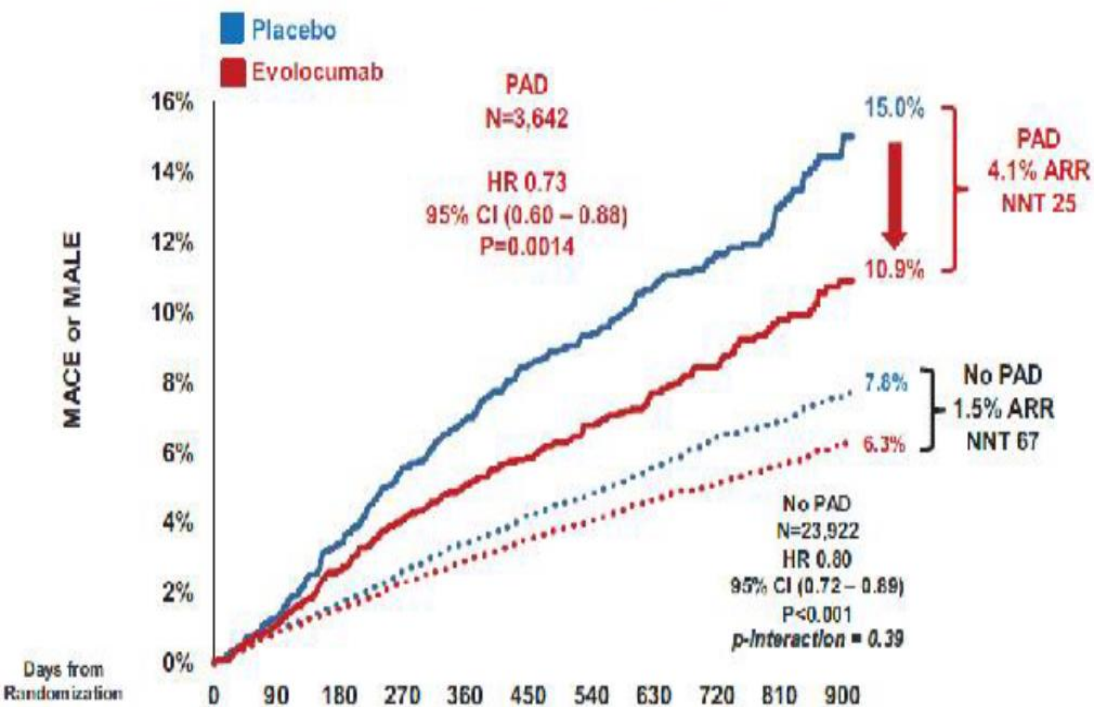
Rivaroxaban 5 mg PO BID Vs Aspirin 100 mg PO daily V/s Rivaroxaban 2.5 mg PO BID + Aspirin 100 mg PO daily

Outcome	R + A N=2,492	R N=2,474	A N=2,504	Riva + aspirin vs. aspirin		Riva vs. aspirin	
	N (%)	N (%)	N (%)	HR (95% CI)	P	HR (95% CI)	P
MACE	126 (5.1)	149 (6.0)	174 (6.9)	0.72 (0.57-0.90)	0.005	0.86 (0.69-1.08)	0.19
MI	51 (2.0)	56 (2.3)	67 (2.7)	0.76 (0.53-1.09)	-	0.84 (0.59-1.20)	-
Stroke	25 (1.0)	43 (1.7)	47 (1.9)	0.54 (0.33-0.87)	-	0.93 (0.61-1.40)	-
CV Death	64 (2.6)	66 (2.7)	78 (3.1)	0.82 (0.59-1.14)	-	0.86 (0.62-1.19)	-

Outcome	R + A N=2,492	R N=2,474	A N=2,504	Riva + aspirin vs. aspirin		Riva vs. aspirin	
	N (%)	N (%)	N (%)	HR (95% CI)	P	HR (95% CI)	P
MALE	30 (1.2)	35 (1.4)	56 (2.2)	0.54 (0.35-0.84)	0.005	0.63 (0.41-0.96)	0.03
Major amputation	5 (0.2)	8 (0.3)	17 (0.7)	0.30 (0.11-0.80)	0.01	0.46 (0.20-1.08)	0.07

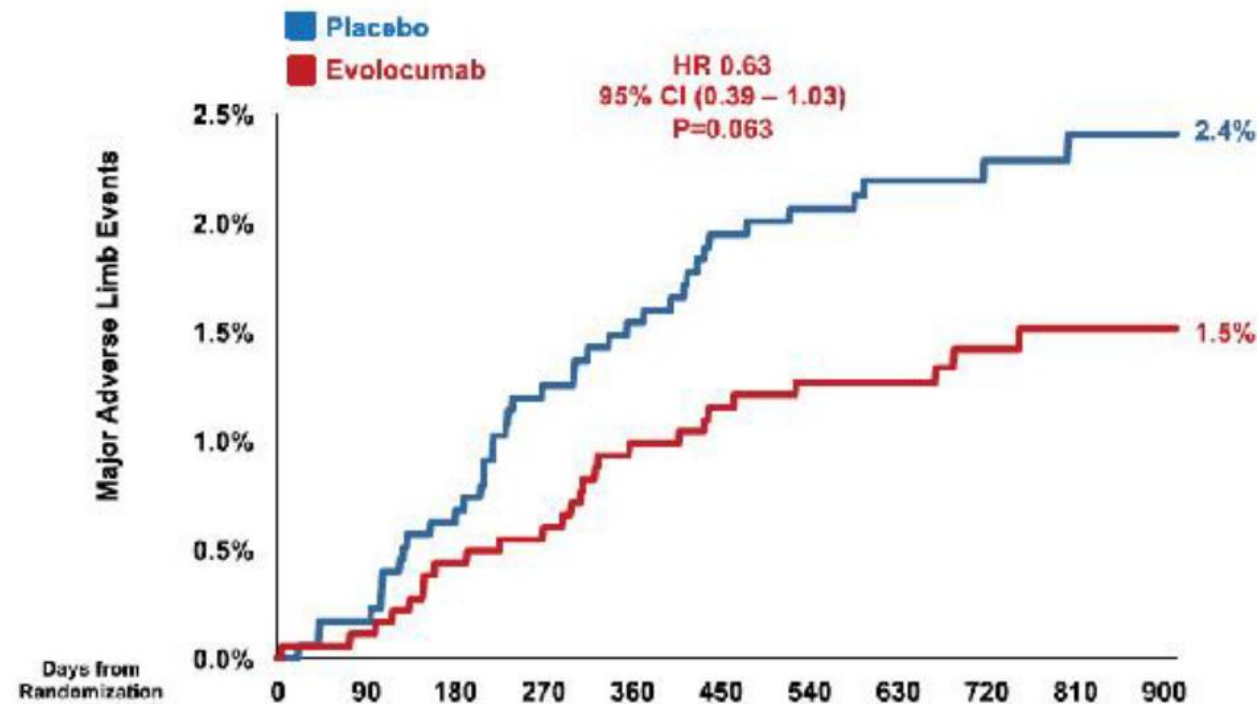
(evolocumab) injection 140 mg/mL

MACE or MALE in Patients with and without PAD



B

Major Adverse Limb Events – Patients with PAD



(canagliflozin) tablets

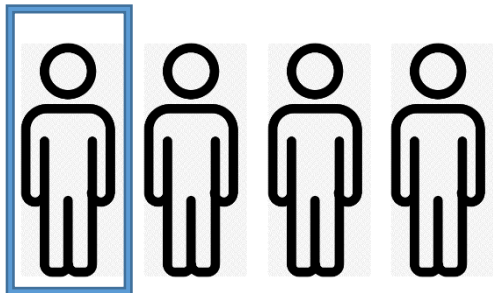
100 mg

(empagliflozin) tablets

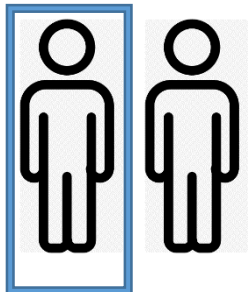
10 mg/25 mg

CANVAS Investigators; 10,142 patients with DM type 2 assigned to canagliflozin and placebo

	Canagliflozin Per 1000 patient-years	Placebo Per 1000 patient-years	Hazard ratio (95% confidence interval)
History of amputation			
Yes	96.30	59.16	2.15 (1.11–4.19)
No	4.68	2.48	1.88 (1.27–2.78)
History of peripheral vascular disease			
Yes	12.09	8.16	1.39 (0.80–2.40)
No	5.20	2.41	2.34 (1.53–3.58)



1 of 4 patients with critical limb ischemia will die in a year



1 of 2 patients with critical limb ischemia will make it year 5