



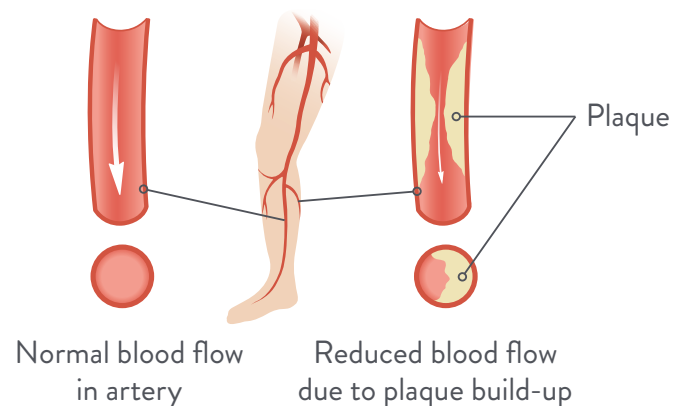
**Abbott**

HOW MUCH  
DO YOU KNOW  
ABOUT  
**PERIPHERAL  
ARTERY  
DISEASE?**

INFORMATION  
FOR PATIENTS



# WHAT IS PERIPHERAL ARTERY DISEASE (PAD)?



- **Peripheral artery disease (PAD)** in the legs is a common condition<sup>1,2</sup>
- PAD is characterized by the **narrowing or blockage of the arteries** that carry blood from the heart to the legs<sup>1,2</sup>
- This is caused by a **build-up of fatty deposits** (plaque) in the arteries, a process known as atherosclerosis<sup>2</sup>
- The build-up of plaque in the arteries can **reduce blood flow to your legs**, leading to symptoms, such as:<sup>2,3</sup>
  - leg pain when walking or even at rest
  - restricting oxygen and other essential substances for your legs to function properly

## PAD IN NUMBERS



An estimated **8.5–12** million people  $\geq 40$  years of age have PAD in the United States<sup>4</sup>



PAD affects **14.5%** of people over the age of **>70**<sup>5</sup>



The number of patients with PAD **increases with age**<sup>6</sup>

People with PAD have a **reduced quality of life**, due to reduced physical independence, increased bodily pain, and lower self-esteem<sup>7,8</sup>

# WHAT ARE THE SYMPTOMS OF PAD?

- The type and severity of **PAD symptoms** can vary between people<sup>9,10</sup>
- For lower leg PAD, the most recognized symptoms can include **muscle fatigue, cramping and/or pain in the legs** experienced during exercise, which stops after resting<sup>9,10</sup>
- These symptoms are collectively known as “**intermittent claudication**”<sup>9,10</sup>
- However, **only around 1 in 3 people** with PAD have intermittent claudication<sup>6</sup>

**Most patients have asymptomatic PAD,** and therefore they are not aware that they have PAD



# OTHER SYMPTOMS INCLUDE:<sup>2,11,12</sup>

The inability to keep an erection firm enough for sexual intercourse (erectile dysfunction) in men

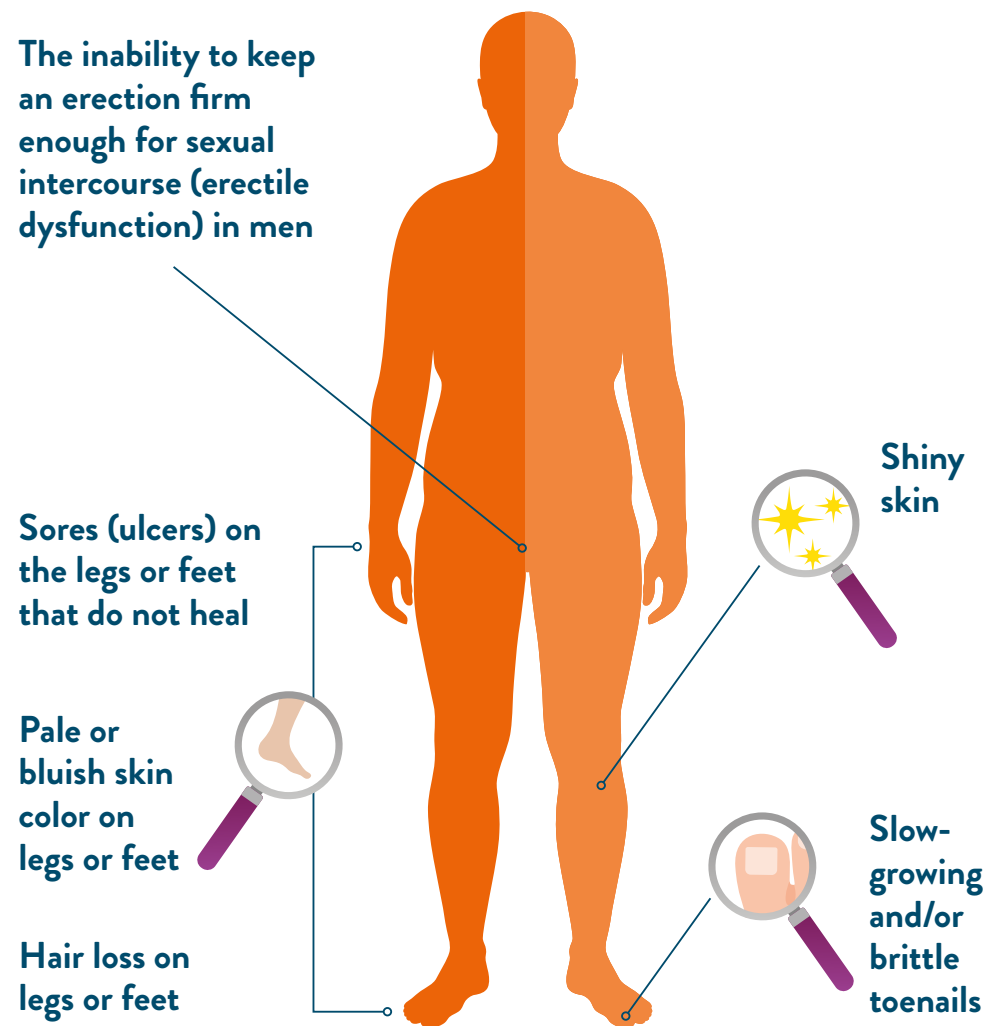
Sores (ulcers) on the legs or feet that do not heal

Pale or bluish skin color on legs or feet

Hair loss on legs or feet

Shiny skin

Slow-growing and/or brittle toenails



Please note, the PAD symptoms illustrated on this page are not specific to gender (apart from erectile dysfunction), age or BMI

# WHY IS IT IMPORTANT TO DETECT PAD **EARLY**?

- PAD has been shown to be associated with **long-term cardiovascular problems**<sup>1,13</sup>
- If treatment for PAD is delayed, it could **worsen rapidly and increase the risk of developing serious complications**, including but not limited to:<sup>1,10,11</sup>
  - heart attack
  - stroke
  - leg amputation (removal through surgery)

It is very important **PAD** is **diagnosed and treated in a timely** manner to **prevent developing serious cardiovascular complications**<sup>1</sup>



# WHO IS AT RISK OF **PAD**?

You may be at a **greater risk of PAD** if you:<sup>10,14,15</sup>

- Are over 65 years of age
- Have a family history of PAD

You may also be at risk from PAD if you are less than 65 years old but have additional risk factors for atherosclerosis, which include:

- Smoking
- High blood pressure and/or high cholesterol
- Diabetes
- Build-up of plaque in your arteries

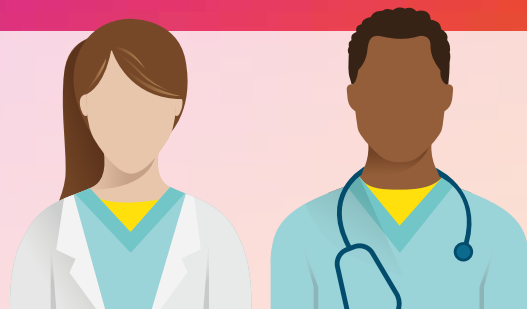
You can still help to **support your treatment** by making certain **lifestyle changes**.

Please see page 10 to learn more



# WHAT ASSESSMENTS ARE PERFORMED TO DIAGNOSE PAD?

Along with assessing your risk of PAD, your doctor and/or specialist doctor may perform the following assessments



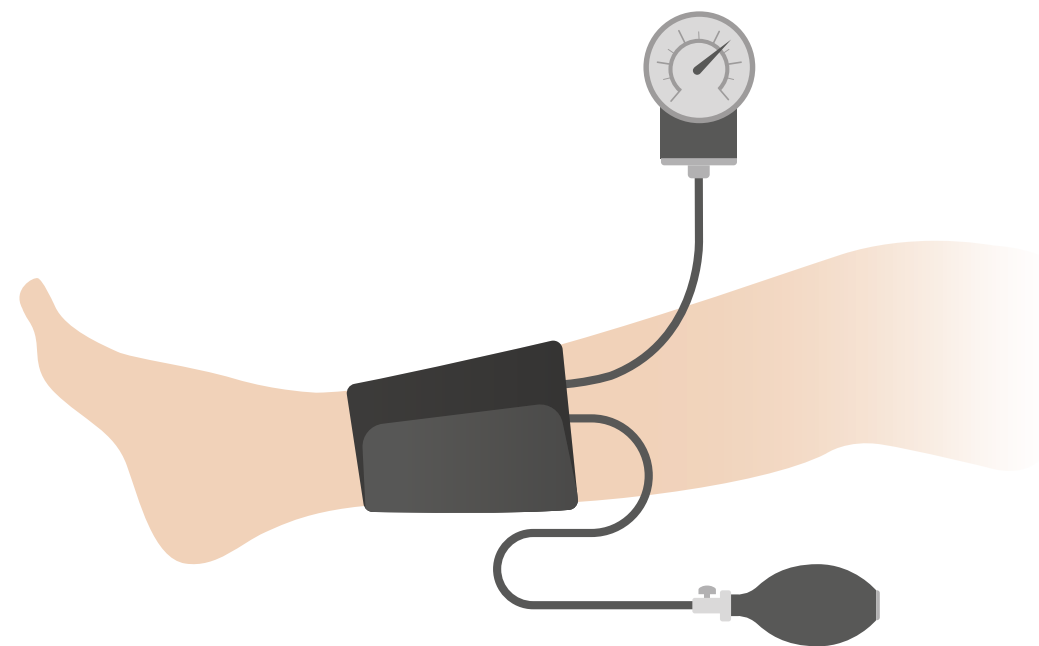
## Physical examination

Your doctor will examine parts of your body such as your **head, neck, skin, nerves, muscles, heart, lungs, abdomen, and your lower legs and feet.** They may also measure your **blood pressure, body temperature, breathing and heart rate**<sup>10</sup>



# ANKLE BRACHIAL INDEX

- Your doctor or specialist doctor will also perform a test called an **ankle brachial index (ABI)**<sup>8,10</sup>
- In cases of suspected PAD an **ABI compares your blood pressure in your legs to your arm** and is a useful way of confirming PAD symptoms, especially when they are atypical or absent<sup>6,8,10</sup>



Blood pressure cuff

# HOW CAN PAD BE TREATED?

PAD is best managed by combining lifestyle changes with various treatments.<sup>10,14</sup>

**Lifestyle changes**, including quitting smoking, adapting diet, and practicing regular exercise



**Medications**, such as medications to treat high cholesterol, high blood pressure, or diabetes



**Minimally invasive procedures**, such as inserting a small tube (stent) to open blood vessels



**Surgery**



You can **support your treatment**, which may influence your outcomes, by paying attention to **lifestyle modifications** and following your **medication regimens**

# WHAT SHOULD I DO NEXT?



Your doctor will ask you to make an appointment with another doctor that specializes in diagnosing and treating PAD, called a vascular specialist. You can make an appointment by calling the phone number below.

Name: .....

Address: .....

Phone number: .....

If you have any **questions** or **concerns** after reading this brochure, please **talk to your doctor**



# EARLY DETECTION AND MANAGEMENT OF PAD CAN SAVE LIMBS FOR BETTER LIVES<sup>1,5,10</sup>



Learn more at [PAD-info.com/US](https://www.pad-info.com/US)

1. Hirsch, A.T. et al. *JAMA*. 2001; 286(11): 1317-1324. 2. Centers for Disease Control and Prevention. Peripheral Arterial Disease (PAD) 27 Sep 2021. <https://www.cdc.gov/heartdisease/PAD.htm>. Accessed February 2022. 3. Cleveland Clinic. Peripheral Artery Disease (PAD). 19 January 2022. <https://my.clevelandclinic.org/health/diseases/17357-peripheral-artery-disease-pad>. Accessed February 2022. 4. Peripheral Artery Disease (PAD). Cleveland Clinic. Web. 2015. 5. Selvin E, Erlinger TP. et al. *Circulation*. 2004;110:738 -743. 6. Virani, S.S. et al. *Circulation*. 2021; 143(8): e254-743. 7. Schorr, E.N. et al. *Geriatr Nurs*. 2015; 36(4): 293-300. 8. Wu, A. et al. *J Am Heart Assoc*. 2017; 6(1): e004519. 9. Shu, J. and Santulli, G. *Atherosclerosis*. 2018; 275: 379-381. 10. Gerhard-Herman, M.D. et al. *Circulation*. 2017; 135(12): e686-725. 11. Norgren, L. et al. *J Vasc Surg*. 2007; 45(1): S5-67. 12. Sibley, R.C. et al. *Radiographics*. 2017; 37(1): 346-357. 13. Criqui, M.H. et al. *J Am Coll Cardiol*. 2008; 52(21): 1736-1742. 14. Steffen, L.M. et al. *Diabetes Spectrum*. 2008; 21(3): 171-177. 15. Hirsch, A.T. et al. *Circulation*. 2006; 113(11): e463-654.

The information provided is not intended for medical diagnosis or treatment or as a substitute for professional medical advice. Consult with a physician or qualified healthcare provider for appropriate medical advice.

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