

Helping Your Patients with Peripheral Artery Disease (PAD)

Talking to your Patients about PAD







Educating your patients about PAD and its treatments should begin with explaining the disease and its risks. Patient-centered communication in which the clinician aims to understand the individual patient's symptoms and healthcare goals can help patients feel at ease with their care management plan. Knowledgeable patients are much more likely to discuss PAD symptoms and treatment recommendations with their healthcare provider. Thoroughly answering patient questions, and querying patients about their concerns, can also help improve their adherence to medical treatments and lifestyle changes. Here's how to use patient education to help prevent and manage PAD.

Discuss the Important Facts About PAD

- PAD is a serious disease, but can be easily diagnosed with simple methods.
- PAD is caused by atherosclerosis, a buildup of plaque in the walls of the peripheral arteries. In PAD, plaque narrows or blocks the peripheral arteries, reducing blood flow.
- People with PAD have an increased risk for coronary artery disease, heart attack and stroke, and lower limb tissue injury.
- Untreated PAD can greatly increase a patient's risk for more serious conditions, such as kidney disease and gangrene, which can lead to leg amputation. It can also diminish one's ability to function and participate in daily activities. Symptoms such as intermittent claudication, which causes pain with walking, can be debilitating and reduce quality of life.
- Some cases of PAD can be successfully treated with lifestyle modifications and medications, although surgery is sometimes necessary.

Patients Can Help Control PAD

The risk factors for PAD include age ≥ 65 , a personal or family history of PAD, or a previous history of cardiovascular disease and stroke—all considered noncontrollable risk factors. However, as a healthcare provider, you should discuss with your patients the controllable risk factors for PAD that your patients can modify with simple steps, such as:

-  **Cigarette smoking**—Smokers may have twice the risk for PAD. A plan for quitting smoking should include pharmacotherapy (varenicline, bupropion, and/or nicotine replacement therapy) and/or a smoking cessation program.
-  **Diabetes mellitus**—Regularly monitoring blood sugar levels and managing diabetes are important ways to avoid PAD, wound complications and other cardiovascular diseases.
-  **Hypertension**—Monitoring and controlling hypertension with medications and heart-healthy lifestyle changes can significantly decrease the risk for PAD and its progression.
-  **High blood cholesterol**—High blood cholesterol contributes to the buildup of plaque in the arteries that causes PAD. Managing high cholesterol with medications, diet and nutrition is key for preventing and controlling PAD.
-  **Obesity**—People with a BMI of 25 or higher are at increased risk for heart disease and stroke, even without PAD. Your weight loss program can be personalized to your symptoms and overall health, as well as your dietary preferences.
-  **Physical Inactivity**—Physical inactivity is a major risk factor for cardiovascular disease and stroke. Physical activity helps control cholesterol, blood pressure and weight. For patients with claudication, structured exercise therapy programs can increase the distance they can walk without pain. Patients can work with their healthcare provider to devise or follow an exercise program at home or in the community, and clinicians can also refer patients with PAD to structured exercise programs at clinics or hospitals.

Visit heart.org/PADtoolkit to learn more.