What are the complications of PAD?

- Walking impairment
- Limb amputation
- Decreased quality of life
- Increased risk for heart attack, stroke or death

How is PAD treated?

Goals of treatment: 1) to improve walking capacity, 2) prevent loss of limb, 3) prevent progression atherosclerosis and 4) to prevent or reduce heart attacks, stroke and death

Consult a physician
Lifestyle change: Stop smoking, eat healthy and exercise regularly
Medical Treatment
- Statins or drugs that lower blood cholesterol levels
- Antihypertensive drugs that control blood pressure
- Drugs that control blood sugar for those with diabetes
- Drugs that help reduce leg pain on walking
- Antithrombotic drugs that prevent blood clot forming inside the arteries
- Exercise therapy to reduce pain on walking

Endovascular or surgical treatment: For patients with leg pain at rest, nonhealing wounds and gangrene

How will I prevent PAD?

Don’t smoke
Have a heart-healthy diet: Less salt, fat and sugar-sweetened beverages and more whole grains, vegetables and fish
Exercise regularly as prescribed by your doctor
See your doctors regularly
Regularly take medications for hypertension, diabetes, and cholesterol as prescribed by your doctor.

Loving Your Legs!
A Pamphlet on Peripheral Artery Disease (PAD)

REFERENCE: Asia-Pacific Consensus Statement on the Management of Peripheral Artery Disease, J Ather Thromb, 2020
What is PAD?

Peripheral artery disease (PAD) is a medical condition wherein the arteries, which are blood vessels supplying the legs and feet, are narrowed or blocked. This is usually caused by atherosclerosis, which is the formation of hard fatty deposits along the blood vessel wall, reducing blood flow to the legs and feet and depriving them of oxygen. Middle-aged to elderly individuals, especially those with a history of smoking, hypertension or diabetes are vulnerable to this disease.

Patients with PAD may also develop blockages in the arteries supplying the heart and brain. As a result, patients with PAD may also suffer a heart attack or stroke and even die from it.

Am I at risk for PAD?

Yes, if you have one or more of the following:
- increased age, especially if older than 50 years
- diabetes
- high cholesterol levels
- high blood pressure
- kidney disease
- prior history of heart attack and stroke
- aortic aneurysm
- Aboriginal and Torres Strait Islander history of smoking
- family history of PAD, heart attack or stroke

What are the signs and symptoms of PAD?

In early stages, patients may have no symptoms

Leg pain
- Pain can be dull, aching, sharp, throbbing or burning
- Experienced when walking and relieved by rest
- In severe cases, pain in the feet is constantly experienced even at rest

Non-healing wounds or black dead areas on the foot (in advanced disease)

Do I need to be tested for PAD?

Yes, if:
- Aged ≥ 65 years
- Aged 50-64 years with risk factors for artery disease like diabetes, smoking, high cholesterol levels, high blood pressure or family history of PAD
- Aged <50 years with diabetes and one additional risk factor for artery disease
- With artery disease in the arteries supplying other organs of the body (e.g. brain, heart, kidney, intestines)
- With symptoms of PAD as mentioned above

How do I get tested for PAD?

Comprehensive medical history and physical examination including pulses

Ankle-Bradilial Index (ABI): a test using an ultrasound device to detect blood flow signals in the feet and arms used to measure blood pressure

How big is the problem?

In 2010, 201 million were affected worldwide.
- 54.8 million in Southeast Asia
- 45.9 million in Western Pacific

More people might be affected today.