

## Peripheral Arterial Disease (PAD) as a Marker of Cardiovascular Disease: Experience in the Internal Medicine Departments

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**Background:** Peripheral arterial disease (PAD) is a progressive disease characterized by obstruction of arterial blood flow in the lower limbs. Patients with PAD are more likely to suffer from polyvascular disease than patients with other cardiovascular conditions and have an increased risk of cardiovascular death and ischemic events [1-2]. The defining symptom of PAD, intermittent claudication, is evident in only a minority of patients, leading to frequent underdiagnosis ("Masked PAD"). Therefore it is often difficult to identify.

**Aims:** The AHA/ACC guidelines and ESC guidelines recommend Ankle-Brachial-Index (ABI) as an initial diagnostic test in PAD: ABI value<0.9 is considered diagnostic for PAD, ABI value>1.4 indicates an incompressibility of the artery.

**Methods:** The project "Cuore-Fadoi Campania" submitted, a Survey to the Campania Internal Medicine departments, consisting of ten questions to evaluate the approach and management of in-patients with PAD (Figure 1).

**Results:** The Survey shows that in most Internal Medicine department the research of peripheral pulses is performed during the physical examination and when they are hyposphythmic or absent, the ABI index is assessed. In half of these departments the use of ABI identifies patients with cardiovascular risk that require further diagnostic investigations. Discussion: PAD is an underrecognized and undertreated disorder with a rising global prevalence. Prevention of cardiovascular events, improvement of symptoms and functional status, and prevention of adverse limb

events are the main goals of patient management. The survey "CUORE FADOI-Campania" shows that is necessary identify a single approach to adopt in all departments to diagnose and treat PAD as early as possible.



## References

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2. Mukherjee D, Eagle K (2010) The importance of early diagnosis and treatment in peripheral arterial disease: insights from the PARTNERS and REACH registries. *Curr Vasc Pharmacol* 8: 293-300.