**Title: Patient Awareness of Peripheral Arterial Disease in the US**

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**Dr Anahita Dua**

"Hi, everyone. My name is Anahita Dua. I'm a vascular surgeon at the Massachusetts General Hospital and Harvard Medical School, and an associate professor of surgery.

Today, we are going to talk about peripheral artery disease, or PAD. The national survey basically showed us that awareness about peripheral artery disease in the public is very low. PAD is a disease process that's very similar to the same thing that happens when you have a heart attack or a stroke. It's just a disease process that happens in your legs instead of happening in your heart or in your neck.

Yet even though patients have this disease process quite significantly in the United States, a number of patients didn't even know what PAD was and certainly didn't know if they were diagnosed with it, what they should do in terms of next steps to prevent bad things like amputation or even death.

I think the most important thing for clinicians is that this is a disease process that needs to be in your consciousness when you see a patient, especially one with the three risk factors, namely diabetes, high blood pressure, or smoking. Patients like that really need to be screened for PAD so that we can catch it early and prevent things like amputation or death.

Unfortunately, a significant number of these patients are presenting to the ER at 02:00 in the morning with a wet gangrenous toe and ultimately end up needing amputations because the last ten years, they haven't really been caught in terms of their PAD.

The sad thing about PAD is that if you do not catch it, it can progress to something called critical limb ischemia, at which point you don't have enough blood flow going to your foot and the tissue down in your foot actually starts to die. And a lot of patients who are diabetics, when they're initially diagnosed with diabetes, may not have any signs or symptoms.

But it's important on every check with a provider that pulses are being checked to see whether or not a patient has good blood flow. And if pulses are not felt, that patient may need to go forward to get testing where they actually see whether or not the actual perfusion to the foot is adequate for a wound to heal if it was to develop.

We have a website called padpulse.org, which was created by the three major societies of doctors that take care of these patients: vascular surgeons, interventional cardiologists, and interventional radiologists. We all came together and we created this public awareness campaign.

So that's the website, padpulse.org, where a patient can go and learn about the disease and even print out that piece of paper and take it to your provider and say, hey, is this something I may have?

One of the important things about PAD is how quickly the numbers of patients are rising. The reason for that is because PAD is intimately connected with diabetes. And unfortunately, diabetes is an epidemic that's ravaging our world at this time. Every single country in the world is projected to have an increase in diabetic patients by 2045. And with that has come complications that we've never seen before.

Unfortunately, PAD, and specifically critical limb ischemia, where you don't have enough blood flow to keep your toes and your leg attached to your body, is really on the rise. So it is up to us as clinicians to quickly be identifying these patients, especially if they have known risk factors, so that they can get to the correct specialists quickly.

Not necessarily for a procedure. Not every single person needs a procedure right away. In fact, you can avoid procedures by doing certain things, like walking campaigns or changing lifestyle in terms of lifestyle modification. But it is really important to have that diagnosis so that you can take care of the patient.

And it's important to think of PAD as a cancer because even though it's not cancer in the conventional sense, actually, PAD kills more people than the top three cancers combined. So patients that go on to get amputated, 50% of them will die within two years of their amputation if they're greater than 65 years old.

And what that means is these patients are sick and they need global health care, with smoking cessation and other medications to decrease their risk factors so that they can survive and enjoy their lives. And so it's up to us to think of it as something serious that needs to be caught early so that we can prevent it from getting to bad stages, just like cancer.

I urge providers to think that way when they present themselves to patients. And I urge patients to think of this as something very serious, not a situation where they just ignore it and ultimately find out something is very wrong when they end up in the ER.”