



# Get a Pulse on **PAD**

Kick Off The Conversation



Kick off **YOUR** journey here ►  
**Patient Toolkit**

# Get a Pulse on PAD Patient Pathway Toolkit

**Peripheral Artery Disease (PAD)** is the most debilitating disease many people haven't heard of yet: **1 in every 20 Americans over the age of 50 has PAD.**

**PAD is a leading cause of nontraumatic amputations, making early diagnosis and treatment critically important.** This is especially true for Black and Hispanic people whose risk for amputation is double to quadruple.



If you are concerned you may be at risk for PAD or have been recently diagnosed, it's important to know what your next step will be.

With the **Get a Pulse on PAD: Patient Pathway Toolkit**, we are making it easier to understand your risk for PAD and the important steps around your diagnosis and treatment.

Whether you are concerned you may be at risk for PAD, recently diagnosed, or weighing your treatment options, this tool offers easy-to-understand information to support your PAD journey.



Kick off **YOUR** journey ▶



## STEP 1

Understanding your risk:  
Do I need to be screened for PAD?



## STEP 2

Diagnosed with  
PAD? Now what?



## STEP 3

What's the right  
treatment for me?



## STEP 4

Recovery and getting  
back to daily activities.



# STEP 1

## Understanding your risk Do I need to be screened for PAD?

### What is PAD?

**Peripheral artery disease (PAD)** is a common medical condition where the arteries in the legs narrow, causing reduced blood flow that can cause leg pain or cramping when walking, among other symptoms.

In its extreme form, these blockages can lead to wounds that do not heal because they lack the blood supply necessary. These wounds often become infected, leading to amputation of a toe, foot or leg.



### Get a Pulse on PAD Campaign



Four leading medical societies (Association of Black Cardiologists, Society for Cardiovascular Angiography & Interventions, Society of Interventional Radiology, and Society of Vascular Surgery) have joined together as the PAD Pulse Alliance to help people **Get a Pulse on PAD**.

A new survey further emphasized the gap in knowledge and screening of PAD among Americans, particularly among Black and Hispanic adults, despite these groups having a higher likelihood of suffering from PAD. The Get a Pulse on PAD campaign aims to educate people on PAD risk factors, symptoms, and screening while urging people to **kick off the conversation** with their doctor about this serious, and often missed disease before it gets worse.



### Key Statistics



**1 in every 20 Americans** over the age of 50 has PAD (U.S. Department of Health and Human Services)



**Nearly 70% of Americans** are not familiar with PAD (PAD Pulse Consumer Survey)



People with heart disease have a **1 in 3 chance** of also having PAD (U.S. Department of Health and Human Services)



**150,000 amputations** are performed each year in the U.S. due to advanced PAD (NIH)

### Know Your 3 for PAD

There are several risk factors for developing PAD. If you have one or more of these, talk with your doctor to see if you should be screened for PAD.

#### Tobacco use including smoking or chewing

80% of patients with PAD are smokers or former smokers (AHA)

#### Diabetes

People who have diabetes are three to four times more likely to get PAD (NIH)

#### High blood pressure

Up to 50% of patients with symptomatic PAD also have high blood pressure (NIH)

Over age 50 (risk increases with age)

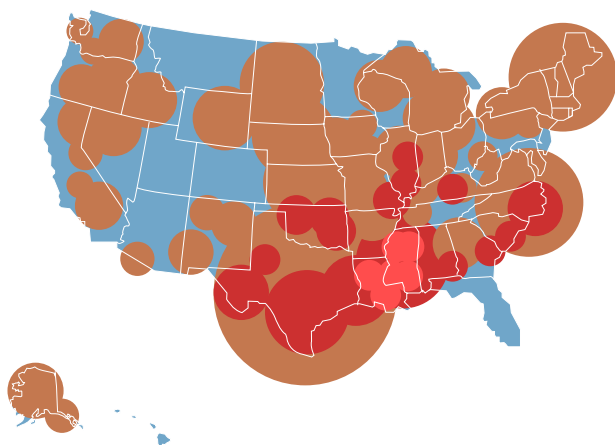
A personal or family history of heart or blood vessel disease

High cholesterol

Kidney disease or being on dialysis



[Click to see graphic](#)



High rates of amputation exist in specific geographic areas. This may reflect access to care, underutilization of amputation prevention techniques, and/or patients presenting too late for any other possible option for their wounds.

**View the heat map and see the relative rates of lower limb amputation, a serious complication of PAD, in your area.**

### Black and Hispanic Americans experience PAD and its consequences more frequently.

Black people are **2 times more likely to suffer from PAD** and **up to 4 times more likely to undergo an amputation** compared to white people (NIH).



**30% of Black men and 27% of Black women** will develop PAD during their lifetime (ACC)

Despite **71% of Black adults** having one or more risk factors for PAD or knowing someone with one or more risk factors, **65% report they are at little to no risk at all for developing PAD** (PAD Pulse Consumer Survey).



**1 in 5 Hispanic Americans** are impacted by PAD (ACC)  
Hispanic Americans tend to present with **more progressive PAD** leading to worse outcomes, including amputation (JAHA).

**Three-quarters of Hispanic adults** have one or more risk factors for PAD or know someone with one or more risk factors but, **70% think they are not at risk for developing PAD** (PAD Pulse Consumer Survey).



### Understanding your family health history

It's important to identify any family health history that may put you at risk for developing PAD.

Heart Disease  
*(including PAD)*

Diabetes

Kidney Diseases

High Blood Pressure/  
High Cholesterol

Amputation

Poor circulation/leg pain

**Download full checklist here, and share with your doctor.**



## Know the symptoms of PAD

Pain in your leg while walking that goes away after sitting down is one of the first symptoms of PAD, but many dismiss it as just part of getting older when it could be worth checking out.



**91% of Americans**

feel that leg aches and pains are common as people get older (PAD Pulse Consumer Survey)



**Over half (53%)**

would go more than a week with persistent or ongoing leg pain while walking before scheduling an appointment with their doctor (PAD Pulse Consumer Survey).

## Symptoms of PAD include

- ✓ In some cases, PAD can be mild or have no symptoms
  - 4 in 10 people with PAD have no leg pain [CDC]
- ✓ Pain in the legs with physical activity such as walking which gets better after rest
  - Symptoms of pain, aches, or cramps while walking can happen in the buttock, hip, thigh, or calf
- ✓ Muscle weakness
- ✓ Hair loss
- ✓ Smooth shiny skin
- ✓ Skin that is cool to the touch
- ✓ Decreased pulses in the feet
- ✓ Sores or ulcers on the legs or feet that don't heal
- ✓ Cold or numb toes



## Questions to ask your doctor about PAD

- WHAT IS PAD?
- I HAVE SEVERAL RISK FACTORS FOR PAD, SHOULD I GET SCREENED?
- SHOULD I BE CONCERNED ABOUT AMPUTATION?
- ARE THERE ACTIVITIES I CAN DO TO PREVENT OR REDUCE MY RISK FOR PAD?
- WHAT ARE PULSES IN THE FEET? SHOULD I HAVE THOSE?

Click here to download this list to bring to your doctor appointment.



## Early detection is vital for effective management of PAD

**150,000 amputations** are performed each year in the U.S. due to advanced PAD.

## Could it be PAD?

### Screening for PAD

If you or your doctor think you may be at risk for PAD, there is a simple screening test (ABI) that can be performed as part of a routine examination.

### What is an ABI test?

The ankle-brachial index (ABI) test compares your ankle's blood pressure with your arm's blood pressure. Your doctor will use a blood pressure cuff and ultrasound device for this quick and painless test. If your blood pressure is lower in your leg when compared to your arm, this can indicate narrowing or blockage of the arteries, or blood vessels, in the legs.

### Know your ABI numbers:

- **1.00 or greater = healthy ABI**
- **Less than 0.90 while resting = may have PAD**
- **Less than 0.40 = sign of severe PAD**



# STEP 2

## Diagnosed with PAD? Now what?

If you've been diagnosed with PAD, you are not alone. Use these questions to ask your doctor to understand what your next steps look like that could determine your treatment pathway.



### Questions to ask your doctor

- How common is PAD?
- Is my quality of life going to be affected?
- What additional tests may I need?
- Will my PAD continue to get worse? What are the likely outcomes?

Click here to download this list to bring to your doctor appointment.

PAD is a progressive disease, meaning it can get worse over time, with different levels of severity ranging from mild to severe.



#### Stage 1

Early signs of disease such as leg hair loss and skin changes but not experiencing symptoms.



#### Stage 2

Pain in legs with activities such as walking but pain goes away while not moving.



#### Stage 3

Leg pain while not moving with pain strong enough to wake up the patient up.



#### Stage 4

Experiencing several severe symptoms such as constant leg pain, wounds, or infections that won't heal.



## Understanding your care team

PAD is a complex disease that can affect multiple parts of your body and requires a team of specialists. Your PAD care team will support you every step of the way. The three pillars of your PAD team feature specialists who each have a role in your care:

### Medical management



### Wound care



### Revascularization



\*Note: The roles of the specialists are not limited to the three pillars, and there is significant overlap between the pillars.





# STEP 3

## What's the Right Treatment for Me?

Early detection of PAD is critical to prevent complications, preserve limb function and improve the quality of life.



### Conversation Starters for Patients/ Caregivers

- WHAT ARE MY TREATMENT OPTIONS?
- WHAT COULD HAPPEN IF I DON'T SEEK TREATMENT FOR PAD?
- IS THERE A CURE FOR PAD?
- ARE THERE ANY ALTERNATIVE TREATMENTS TO SURGERY?
- WHO WILL I NEED TO FOLLOW UP WITH THROUGHOUT MY CARE?

[Click here to download this list to bring to your doctor appointment.](#)

### Know Your Options

There are several treatment options for PAD, depending on your diagnosis. Your care team will work with you to determine the best path forward.



**No Symptoms (Stage 1)** Noninvasive treatment such as medication paired with lifestyle modifications such as exercise, heart-healthy diet and quitting tobacco use can help prevent disease progression.



**Minimal Symptoms (Stage 2)** Treatment includes medicine therapy for related chronic conditions (e.g., diabetes, high blood pressure or cholesterol), lifestyle changes, and exercise.



**Moderate Symptoms (Stage 3)** Treatment may include aggressive lifestyle modification, medication therapy and/or procedures to improve blood supply to the limbs.



**Severe Symptoms (Stage 4)** A procedure is necessary to remove blockages and preserve toes and limbs, along with medication and aggressive lifestyle modification.

- **Angioplasty or stent placement** - using a balloon to stretch or open a narrowed or blocked artery. A stent, which is a metal mesh tube, might be placed in the artery to prevent it from closing again.
- **Atherectomy** - your provider uses a catheter (a long, narrow tube) with a sharp blade, laser or rotating device on the end to scrape away, dissolve or break up plaque to open up the blocked or narrowed artery.
- **Bypass Surgery** - a non-essential vein from the leg is used to create a new pathway for blood to flow in your leg around a blocked area of an artery like is done in open heart surgery. An artificial artery could also be used.

# STEP 4 Recovery and Getting Back to Daily Activities



## Taking Care of Yourself as You Recover

Depending on the treatment you receive; recovery time can vary from a few days to a few months.

Each person's recovery will be unique to their treatment, but here are some questions to ask your care team about what to expect post-treatment:



- WHAT DOES THE RECOVERY PROCESS LOOK LIKE?
- HOW LONG WILL I BE IN THE HOSPITAL?
- IS PHYSICAL OR OCCUPATIONAL THERAPY NEEDED?
- WILL I NEED HOME CARE?
- WILL I BE ABLE TO HAVE MY DESIRED QUALITY OF LIFE? WHAT CAN I DO TO IMPROVE THE ODDS OF THIS?

[Click here to download this list to bring to your doctor appointment.](#)

## Follow-up care

If your care team decides that a revascularization procedure is the best option to treat your PAD, your care team will schedule follow-up as needed..

Minimally invasive procedures often are done in an out-patient setting and post-procedure follow-ups are scheduled within a few weeks.

If an operation is required, your follow-up visit schedule will be personalized to you and your particular procedure.

## Long-Term - What's Next?



[Click here to watch video](#)



## How you can help

- ▶ Spread awareness
- ▶ Talk about PAD with your friends and family
- ▶ Visit [PADpulse.org](http://PADpulse.org) to learn more

# Resource List



**Questions to ask your doctor about PAD**



**Understanding your family health history**



**Questions to ask your doctor**



**Conversations starters for patients & caregivers**



**Questions to ask about post-treatment**



**Step 1 video: Understanding your risk: Do I need to be screened for PAD?**



**Step 2 video: Diagnosed with PAD? Now what?**



**Step 3 video: What's the right treatment for me?**



**Step 4 video: Recovery and getting back to daily activities**



## STEP 1

Understanding your risk:  
Do I need to be screened  
for PAD?

## Questions to ask your doctor about PAD

Peripheral artery disease, or PAD, is a common medical condition where the arteries in the legs narrow, causing reduced blood flow that can cause leg pain or cramping when walking, among other symptoms. More than 12 million people in the United States have PAD, yet many are not aware they have it – starting a conversation with your doctor is a good first step.

If you are concerned about your risk for PAD or just want to understand if you are at risk, take this with you to your next doctor's appointment to kick-start the conversation.



- What is PAD?
- What are the early warning signs of PAD I should be aware of?
- Are there activities I can do to prevent or reduce my risk for PAD?
- I have several risk factors for PAD, should I get screened?
- Can you talk me through the screening for PAD?
- Should I be concerned about amputation?
- What are pulses in the feet? Should I have those?

PRINT HERE

GO BACK TO STEP





## STEP 1

Understanding your risk:  
Do I need to be screened  
for PAD?

## Understanding your **family health history**

*Family health history can potentially increase your chances of developing PAD.*

*Kicking off the conversation with your family about their health history is important to understanding if you or a loved one are at higher risk for developing PAD. Use the check list below as a guide for your discussion and take it with you to your next doctor's appointment to address these potential risk factors and whether or not you should be screened for PAD.*



### **Tobacco use including smoking or chewing**

80% of patients with PAD are smokers or former smokers (AHA)



### **Diabetes**

People who have diabetes are three to four times more likely to get PAD (NIH)



### **High blood pressure**

Up to 50% of patients with symptomatic PAD also have high blood pressure (NIH)

Over age 50  
(risk increases with age)

A personal or family  
history of heart or  
blood vessel disease

High cholesterol

Kidney disease or  
being on dialysis

PRINT HERE

GO BACK TO STEP



## STEP 2

Diagnosed with  
PAD? Now what?

## Questions to ask your doctor

Peripheral artery disease, or PAD, is a progressive disease, meaning it can get worse over time, with different levels of severity ranging from mild to severe. PAD is a complex disease that can affect multiple parts of your body and requires a team of specialists.

If you've been diagnosed with PAD, you are not alone. Use these questions to ask your doctor to understand what your next steps look like that could determine your treatment pathway.



- How common is PAD?
- Is my quality of life going to be affected?
- What additional tests may I need?
- Will my PAD continue to get worse? What are the likely outcomes?

PRINT HERE

GO BACK TO STEP



## Conversation starters for **patients & caregivers**

*Early detection, diagnosis, and treatment of PAD is critical to prevent complications, avoid the need to amputate, and improve quality of life. You may be wondering what's next after you receive your PAD diagnosis, but your care team will be there to support you and discuss the best treatment option.*

*Before deciding on a treatment for your PAD, discuss any questions you might have with your care team. Take this with you to your next appointment as a conversation guide.*



- What are my treatment options? What combination of lifestyle, medication, and in-hospital treatments/surgery may be necessary to combat the disease?
- What could happen if I don't seek treatment for PAD?
- Is there a cure for PAD?
- Are there any alternative treatments to surgery?
- If something is wrong, who should I contact first?
- Who will I need to see/follow up with throughout my care?
- Will I need someone to drive me to and from treatment?
- How long is a particular treatment likely to be effective?

[PRINT HERE](#)

[GO BACK TO STEP](#)





## STEP 4

Recovery and getting  
back to daily activities

## Questions to ask about **post-treatment**

Once you and your care team have decided on a treatment, you may be asking what the road to recovery might look like.

Each person's recovery will be unique to their treatment, but your care team can help answer any questions you may have and help you understand what to expect post-treatment. If you aren't sure where to start, take this to your next appointment to help guide the conversation.



- What does the recovery process look like?
- How long will I be in the hospital?
- Is physical or occupational therapy needed?
- Will I need home care?
- What follow-up appointments will be necessary?
- Will I be able to have my desired quality of life? What can I do to improve the odds of this?
- After treatment of my PAD, how can I prevent my disease from worsening?

PRINT HERE

GO BACK TO STEP

