Summary for PAD

- PAD is common
  - Think “smoking diabetics with CAD/CVA risk [HTN/HL/obesity]”
- Diagnose PAD sooner rather than later
  - Palpate pulses especially if leg symptoms
  - ABIs with/without PVRs great start, Arterial duplex suitable alternative
  - CTAfro should be ordered as a roadmap not for diagnosis
- PAD intervention can be easy or hard
  - Treat preventatively with ASA/statin +/- Clopidogrel/Cilostazol
  - Don’t wait for ulcers/critical limb ischemia
  - Angiography for intervention if life-limiting claudication or CLI/ulcers

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Questions

- What can I as a PCP do to help my patients with PAD?
  - Encourage exercise, smoking cessation, risk factor modification, diagnose by ABI/Duplex, refer as needed
- My elderly patients have dark bluish feet when seated or standing, don’t they have PAD and need intervention?
- I see a lot of diabetic foot ulcers in clinic, do these patients need CTAfro and angiography?
- What do I do with an abnormal ABI without leg pain or ulcers?

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