



PERIPHERAL ARTERIAL DISEASE PATIENT INFORMATION



Q. What is Peripheral Arterial disease?

Peripheral Arterial disease (PAD) is narrowing of one or more arteries(blood vessels).

It mainly affects arteries that take blood to your legs. The condition is sometimes known as peripheral vascular disease. It is also sometimes called hardening of the arteries of the legs.

Q. What causes Peripheral Arterial Disease?

Narrowing of the arteries is caused by a gradual build up of fatty material called artheroma or plaques in the artery walls – a bit like scale forming on the inside of water pipes. In time the arteries become narrowed, the amount of blood getting to the muscles of the legs is reduced .

Risk factors increase with age as you get older, arteries naturally begin to harden and get narrower.

80% of people who develop Peripheral Arterial Disease are current or former smokers.

Diabetes that is poorly controlled (excess glucose in blood can damage arteries)

- High fat diets
- High cholesterol
- High blood pressure

Q. What are the symptoms of PAD

Pain particularly when you walk, usually in the calves of the legs but can be in the thigh or the buttock. It usually comes on when you walk but settles when you stop. (this is called intermittent claudication and happens when the legs are not getting enough blood.

Other signs that you have problems may include

- cold or numb feet
- sores on toes , feet or legs that wont heal
- loss of hair from feet, toes or legs.

Q.How common is Peripheral Arterial Disease?

Rates of Peripheral Arterial Disease are strongly associated with older age . it is estimated that it develops in :-

- 2.5% of people under 60
- 8.3% of people aged 60 – 69
- 19% of people over 70

It is more common in men than women

Q.What can I expect from Turriff Medical Practice?

The doctor will diagnose you with Peripheral Arterial Disease by taking a history of your symptoms.

You may also have a simple test performed by the practice nurses called (APBI) ankle brachial pressure index. The blood pressure is performed in both arms and ankles – the GP will look at the ratio between both these two measurements. You may also be referred to the vascular department at the ARI .

You will usually be prescribed Aspirin or Clopidogrel to keep your blood thin, and medication to keep your cholesterol (fat in the blood) lower, other medication sometimes prescribed are ACE inhibitors – a drug used to treat people with high blood pressure, heart failure or coronary heart disease.

You will be invited by letter for an annual review with the practice nurse which will last approximately 20 minutes.

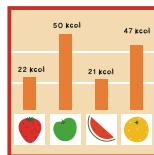
You will have bloods taken 2 weeks prior to this appointment by the nurse assistant to check your liver and kidney function and also your cholesterol. You may have a finger prick test to check your blood glucose (A test for diabetes).

At the clinic the Practice nurse will ask you about your symptoms, you will have your Blood pressure and wrist and foot pulses checked. We may weigh you and discuss lifestyle such as smoking, diet and exercise and alcohol and offer advice.

Q. What can I do?

- Attend for annual review so that we can check that your blood pressure is at a healthy level usually less than 150/90 and your cholesterol is less than 4.5.
- Take your medication regularly as prescribed
- If you are diabetic make sure your blood glucose is well controlled
- STOP smoking
- Reduce your weight if you are overweight
- Regular exercise
- Eat a healthy diet
- It is important to tell the nurse or GP if your symptoms are worsening- ie increasing pain or pain while at rest.

Feel free to ask your GP or nurse any questions



Further help

Websites

The British Heart Foundation
www.bhf.org.uk

The circulation foundation

www.circulationfoundation.co.uk



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