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ACC/AHA Pocket Guideline

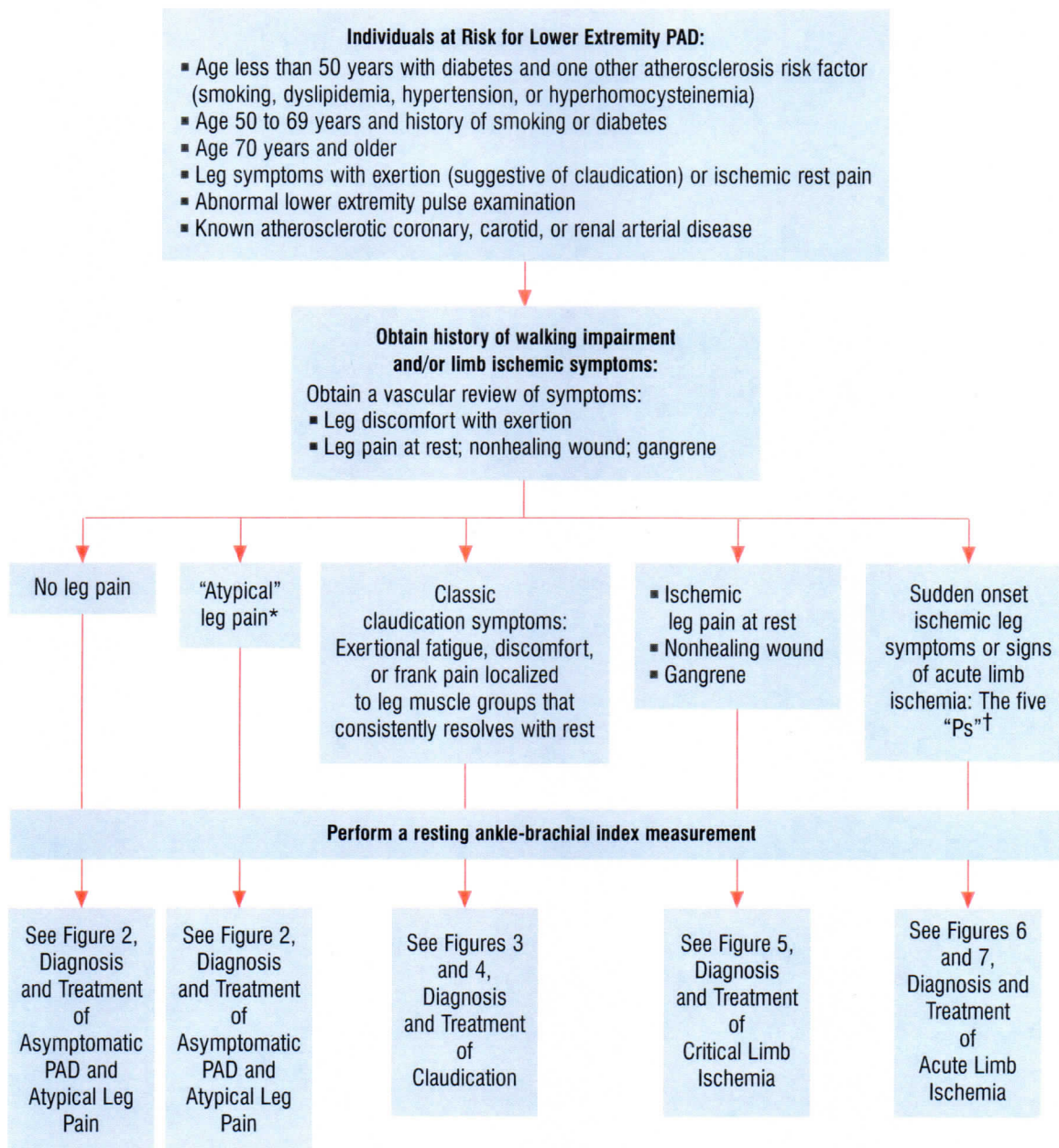
Based on the
ACC/AHA Guidelines

Management of Patients With Peripheral Arterial Disease

(Lower Extremity,
Renal, Mesenteric,
and Abdominal Aortic)

March 2006

Figure 1. Steps Toward the Diagnosis of PAD

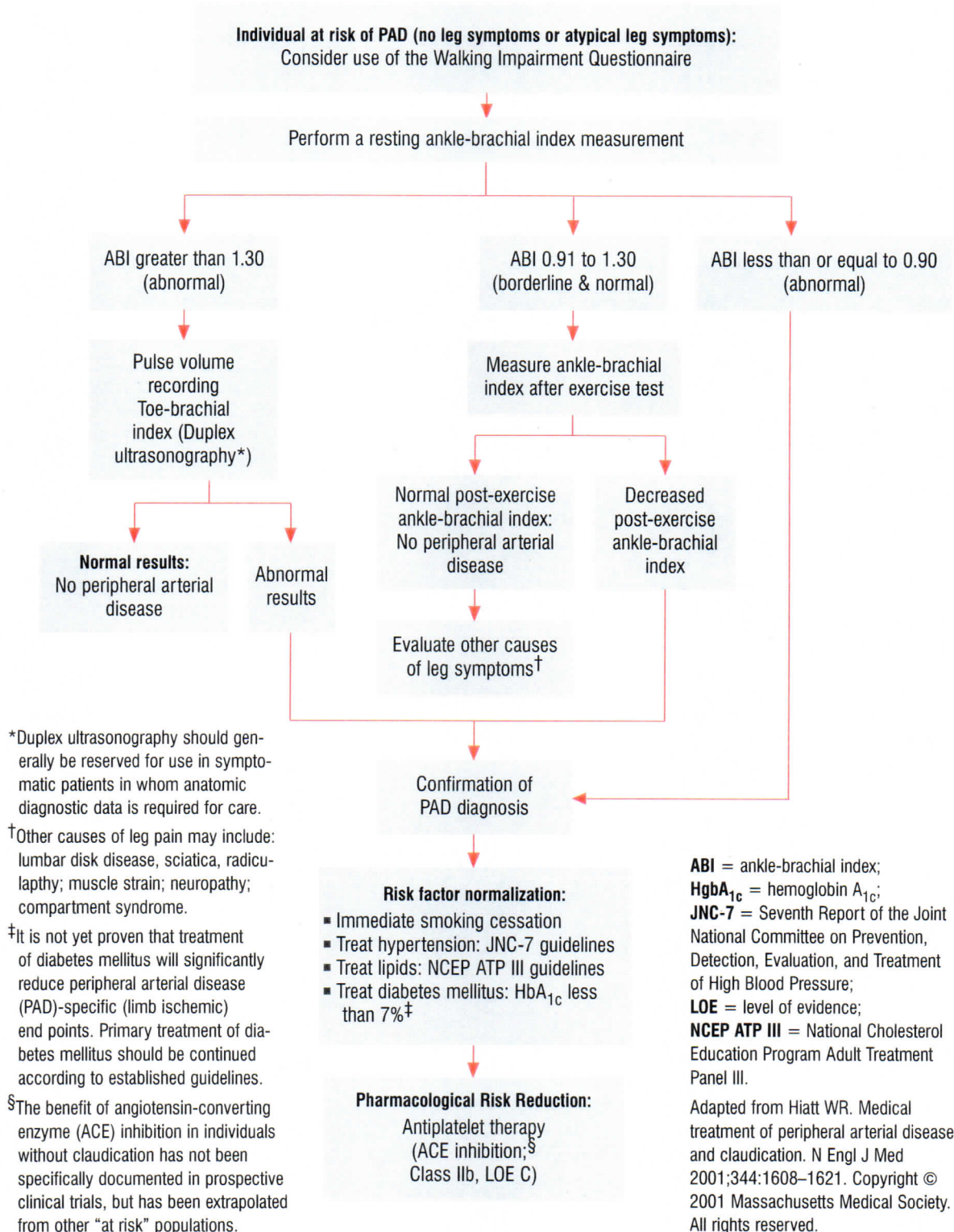


*“Atypical” leg pain is defined by lower extremity discomfort that is exertional, but that does not consistently resolve with rest, consistently limit exercise at a reproducible distance, or meet all “Rose questionnaire” criteria.

† The five “Ps” are defined by the clinical symptoms and signs that suggest potential limb jeopardy: pain, pulselessness, pallor, paresthesias, and paralysis (with polar being a sixth “P”).

PAD = peripheral arterial disease.

Figure 2. Diagnosis and Treatment of Asymptomatic PAD and Atypical Leg Pain



*Duplex ultrasonography should generally be reserved for use in symptomatic patients in whom anatomic diagnostic data is required for care.

[†]Other causes of leg pain may include: lumbar disk disease, sciatica, radiculopathy; muscle strain; neuropathy; compartment syndrome.

[‡]It is not yet proven that treatment of diabetes mellitus will significantly reduce peripheral arterial disease (PAD)-specific (limb ischemic) end points. Primary treatment of diabetes mellitus should be continued according to established guidelines.

[§]The benefit of angiotensin-converting enzyme (ACE) inhibition in individuals without claudication has not been specifically documented in prospective clinical trials, but has been extrapolated from other "at risk" populations.