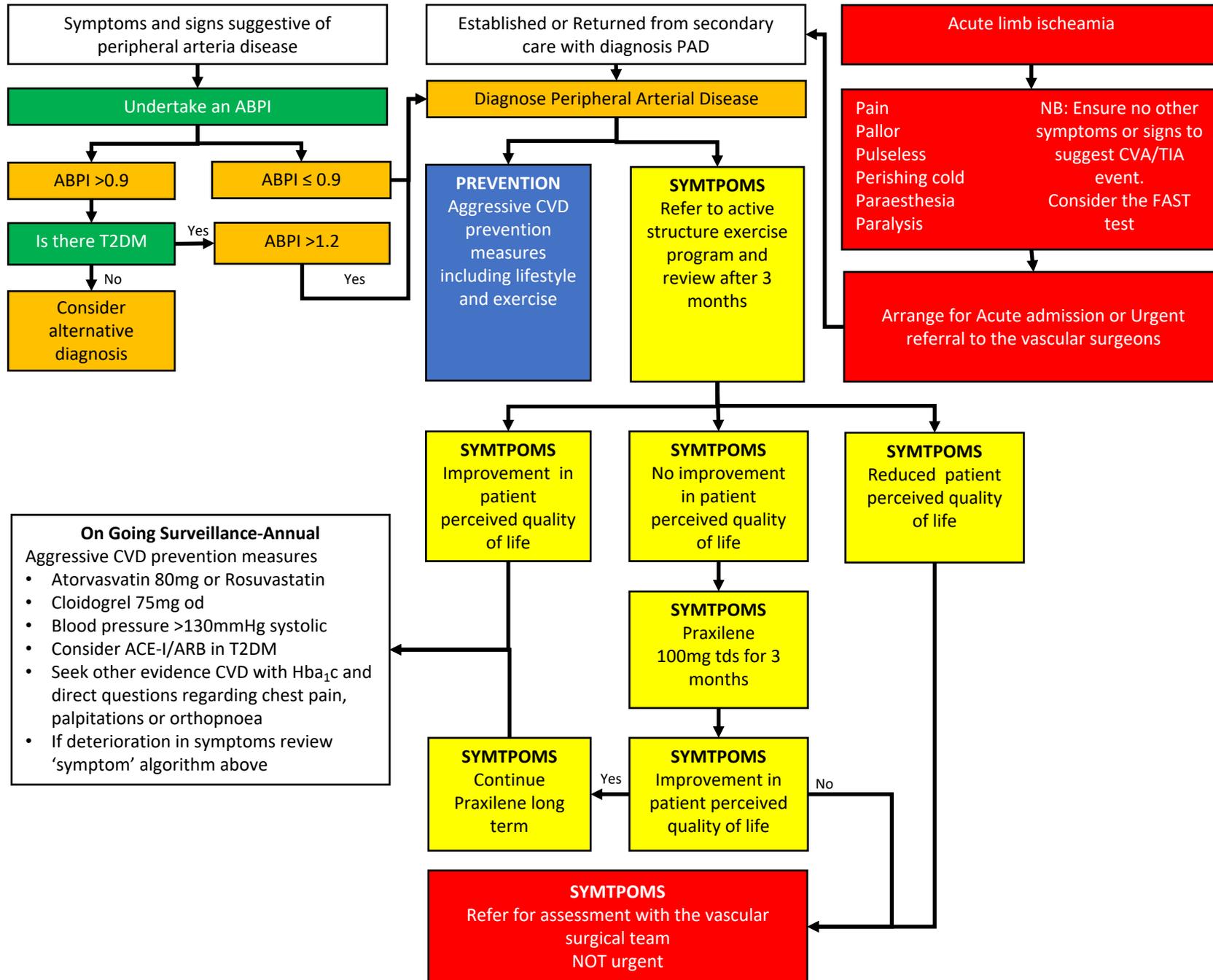


# PAD: detection & diagnosis



## Assess for suspected peripheral arterial disease if:

- Presence and severity of possible claudication
- Presence of critical limb ischaemia
- Examining the femoral, popliteal and foot pulses
- Measuring the ankle brachial pressure index
- Muscular wasting
- Hair loss

## Assess for presence of peripheral arterial disease if:

- Have diabetes, non-healing wounds on the legs or feet
- Unexplained leg pain
- Being considered for interventions to the leg or foot
- Need to use compression hosiery

## Undertaking an ABPI assessment:

- Patient should be resting and supine if possible.
- Record systolic blood pressure with an appropriately sized cuff in both arms and in the posterior tibial, dorsalis pedis and, where possible, peroneal arteries.
- Calculate the index in each leg by dividing the highest ankle pressure by the highest arm pressure.

## Aggressive CVD Secondary Prevention:

- Support active lifestyle
- Support smoking cessation through supported withdrawal
- Support healthy diet and weight reduction if appropriate
- Antiplatelet medication possibly with cardiovascular dose rivaroxaban (2.5mg bd) as appropriate
- Atorvastatin 80mg once daily (if intolerant consider 6 week statin holiday and return to 50% dose or switch to rosuvastatin)
- Aggressive blood pressure control with a systolic target of 130mmHg (120mmHg on ABPM or home readings). See hypertension protocol for treatment algorithm