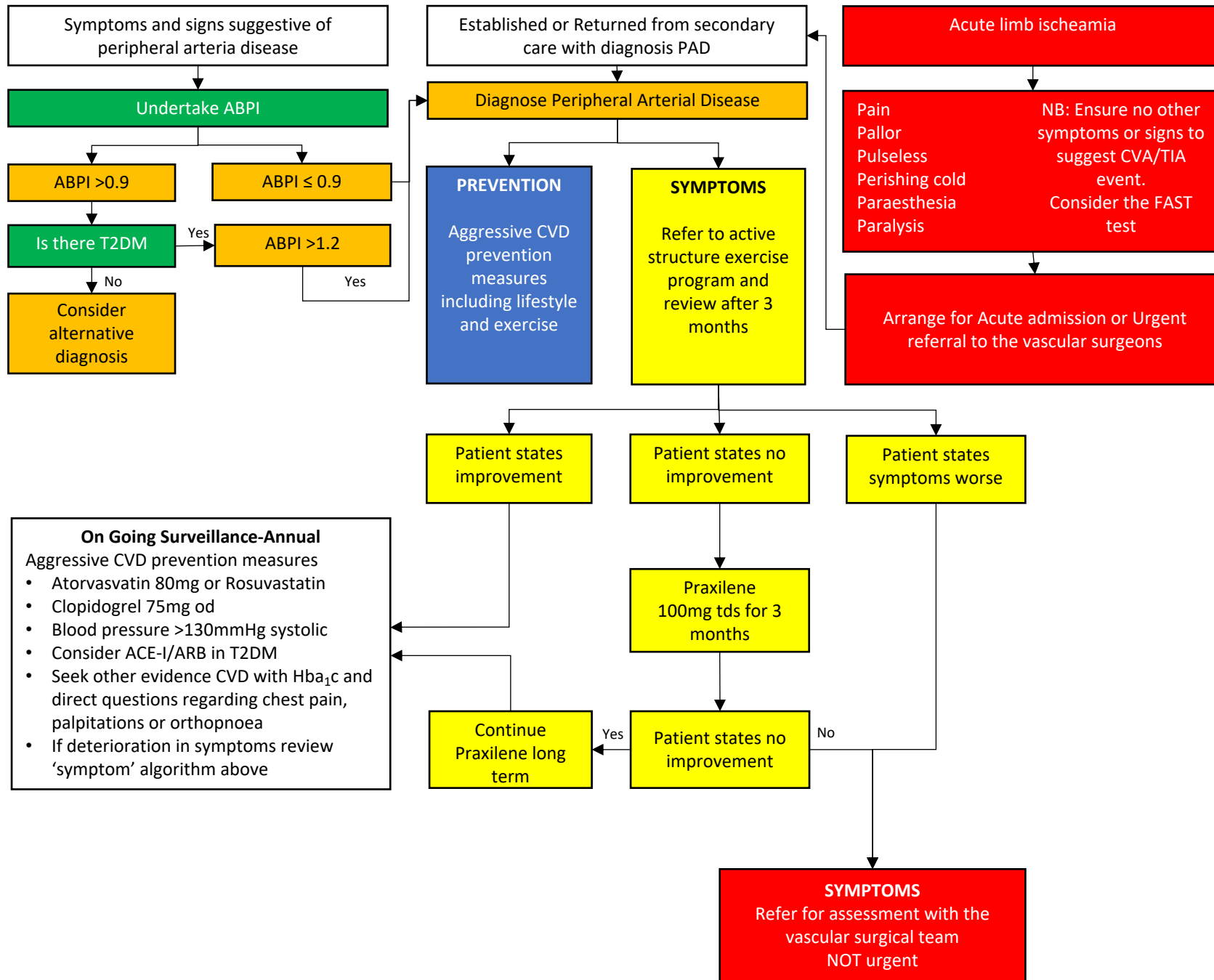


PAD: detection & diagnosis



- 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 supine for 10 mins 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 using the highest ankle pressure by the highest arm pressure for each leg.

- Aggressive CVD Secondary Prevention**
- Motivational interviewing techniques to support:
- Active lifestyle
 - Smoking cessation through supported withdrawal
 - Healthy diet and weight reduction if appropriate
 - Antiplatelet medication possibly with cardiovascular dose rivaroxaban (2.5mg bd) as appropriate
 - Atorvastatin 80mg once daily
 - Aggressive blood pressure control with a systolic target of 130mmHg (120mgHg on ABPM or home readings).