

PAD Priority Messaging and Statistics

Patient/Consumer messaging and stats to support:

- If you are living with pain and discomfort in your feet, legs, thighs or butt, that may be a sign of a serious health problem. Many adults in the United States are getting unnecessary amputations of their toes, feet or legs as a result of an undetected disease, PAD.
 - Peripheral artery disease, also known as PAD, is a disease of the blood vessels outside the heart¹. It causes reduced blood flow to the area of the body with the diseased blood vessel.
 - In the most common type of PAD, lower extremity PAD, blood flow is reduced to your legs and feet.
 - PAD affects more than 8.5 million people in the U.S., the majority are 65 years and older.
 - Black adults are 2x more likely to have PAD than non-Hispanic White adults².
 - Approximately, 46% to 68% of patients with PAD also had coronary artery disease or cerebrovascular disease³.
 - Residents of rural areas, Black and American Indian people and those of low socioeconomic status are at the highest risk of amputation⁴.
 - Limb amputation is a serious complication of PAD. Increased awareness of PAD may improve early detection and treatment, enabling patients to avoid amputation.
- Symptoms of PAD may include burning, aching, numbness, fatigue or discomfort in your leg or hip muscles while walking. The symptoms are caused by your legs not getting the blood they need.
 - This pain usually goes away with rest and returns when you are active again.
 - Symptoms can make it difficult to walk and can make it hard to do your usual activities at home and work⁵.
 - PAD can progress to cause pain at rest, non-healing wounds on the feet, and even amputation of a toe, foot or leg.

¹ <https://www.heart.org/-/media/Files/Health-Topics/Peripheral-Artery-Disease/PVD-vs-PAD.pdf>

² E L Hackler III; et al, Racial and Ethnic Disparities in Peripheral Artery Disease Circulation Research. 2021;128:1913–1926 doi.org/10.1161/CIRCRESAHA.121.318243

³ E L Hackler III; et al, Racial and Ethnic Disparities in Peripheral Artery Disease Circulation Research. 2021;128:1913–1926 doi.org/10.1161/CIRCRESAHA.121.318243

⁴ J A Barnes; et al Epidemiology and Risk of Amputation in Patients With Diabetes Mellitus and Peripheral Artery Disease Arteriosclerosis, Thrombosis, and Vascular Biology. 2020;40:1808–1817 doi.org/10.1161/ATVBAHA.120.314595

⁵ <http://www.ksw-gtg.com/ahapad/guide/pdfs/PVDvsPAD.pdf>

- Diabetes, smoking and high blood pressure are strong risk factors for PAD⁶.
 - People with diabetes have an increased risk of developing PAD and are 2x to 3x more likely to experience symptoms of claudication, such as pain and discomfort in the feet, legs, thighs or butt, compared to people without diabetes⁷.
 - Cigarette smoking doubles the risk of developing PAD and increases your risk for heart attack and stroke⁸.
 - Older age, high blood pressure, high cholesterol and family history of PAD are also risk factors for PAD.
 - Many PAD risk factors can be managed with lifestyle changes including quitting smoking, managing your diabetes and high blood pressure, staying active and eating a heart-healthy diet. A sedentary lifestyle also increases the risk in the development of PAD⁹.
- Many times, you can prevent amputation by managing your risk factors and working closely with a doctor at the first sign of PAD.
 - Each year, approximately 150,000 leg amputations are performed in the United States, and most cases occur in people with diabetes and PAD¹⁰.
 - Diabetes worsens outcomes in people with PAD.
 - Approximately 70% of amputations in the United States are in patients with diabetes¹¹.
 - Before having your leg or foot amputated due to PAD, be sure to ask about other treatment options to help restore blood flow to your legs.
- If you have any kind of recurring leg pain talk with a doctor and describe when it happens and how it feels.
 - A higher quality of life with PAD is possible.
 - Talk to a doctor on how to manage your PAD, reduce your risk for heart disease and stroke and prevent the loss of a limb.

⁶ C W Tsao; et al Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association Circulation. 2023; 147:e00–e00. DOI: 10.1161/CIR.0000000000001123

⁷ M H. Criqui; et al Lower Extremity Peripheral Artery Disease: Contemporary Epidemiology, Management Gaps, and Future Directions: a Scientific Statement from the American Heart Association Circulation. 2021;144:e171–e191 doi.org/10.1161/CIR.0000000000001005

⁸ M H. Criqui; et al Lower Extremity Peripheral Artery Disease: Contemporary Epidemiology, Management Gaps, and Future Directions: a Scientific Statement from the American Heart Association Circulation. 2021;144:e171–e191 doi.org/10.1161/CIR.0000000000001005

⁹ Housley E, Leng GC, Donnan PT, Fowkes FG. Physical activity and risk of peripheral arterial disease in the general population: Edinburgh Artery Study. J Epidemiol Community Health. 1993; 47:475–480. doi: 10.1136/jech.47.6.475

¹⁰ M A Creager; et al Reducing Nontraumatic Lower-Extremity Amputations by 20% by 2030: Time to Get to Our Feet: A Policy Statement From the American Heart Association Circulation. 2021;143:e875–e891 doi.org/10.1161/CIR.0000000000000967

¹¹ M H. Criqui; et al Lower Extremity Peripheral Artery Disease: Contemporary Epidemiology, Management Gaps, and Future Directions: a Scientific Statement from the American Heart Association Circulation. 2021;144:e171–e191 doi.org/10.1161/CIR.0000000000001005