



7 EDITION

18-22 MARCH 2020

PAD&VascularEuropeanDays

Hypertension and PAD

No more vascular amputation!

High blood pressure? - Check also your legs!

Lower-extremity peripheral artery disease (PAD) is on the rise and affects up to 200 million patients globally. PAD incidence and prevalence are strongly age related, mounting to an absolute prevalence of >20% among patients over 65 years. It is well understood that PAD is the manifestation of systemic atherosclerosis and often associated with cigarette smoking, hypertension, and diabetes mellitus. Patients with vascular disease in multiple vascular beds are likely at the highest risk for cardiovascular morbidity and mortality, but PAD alone is also an independent risk factor for cardiovascular events.

One of the most common comorbidities among patients with PAD is hypertension, with a prevalence ranging from 30% to 80% on the basis of age, sex, and systolic blood pressure (SBP) cutoffs. Hypertension is associated with the development and progression of PAD, therefore ankle-brachial index (ABI) measurement is recommended in hypertensive subjects over 50 years of age, particularly, when hypertension is associated with smoking or diabetes. Low ABI (≤ 0.9) is an accepted marker of high cardiovascular risk in hypertensive subjects. Early detection and treatment of PAD, particularly in the populations at risk, may prevent disability and save lives

Hypertension also confers an additional risk of cardiovascular morbidity and mortality. All patients with cardiovascular disease (including patients with PAD) should be treated for hypertension with the intent to reduce the number of fatal and nonfatal cardiovascular events. The target blood pressure in hypertensive claudicants according to European guidelines is <130/80 mmHg, however, blood pressure management and control in PAD are poor. Blood pressure treatment goals in patients with PAD need careful consideration given that lower blood pressures may exacerbate an already impaired oxygen delivery to limbs and exacerbate symptoms of PAD

Events for population:

Fee test

Blood pressure measurement

Self palpation of pedal pulses

Dietary advice

ABI screening

Involvement of Family Doctor Associations

Fee test in the waiting room during the PAD day week