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## Interventional Radiologists: Learn About Peripheral Arterial Disease and Get Moving

*Legs For Life® Screening Available During National PAD Awareness Month; Exercise, Intervention May Help Individuals “Go the Distance,” Note Researchers in Journal of Vascular and Interventional Radiology*

FAIRFAX, Va.—Peripheral arterial disease, or PAD, is a common condition affecting 12–20 percent of Americans age 65 and older that may be a signal of future heart attack and stroke—and many with the disease may be unaware they have it, says the Society of Interventional Radiology.

For more than a decade, the Society of Interventional Radiology’s national screening program, Legs For Life®, has helped identify this very serious and potentially life-threatening condition. “An integrated program like Legs For Life assists communities with early detection and management of peripheral arterial disease. The key is preventing its progression, which can lead to painful walking, gangrene, amputation, heart attack or stroke,” explained Sanjay Misra, M.D., FSIR, an interventional radiologist at the Mayo Clinic and Foundation for Medical Education and Research in Rochester, Minn.

An estimated 10 million people in the United States suffer from peripheral arterial disease. PAD develops mostly as a result of atherosclerosis, a condition that occurs when cholesterol and scar tissue buildup, forming a substance called plaque, which narrows and clogs the arteries and slows blood flow to the legs. Since plaque blocks the smaller leg arteries first, PAD is considered a red flag for several life-threatening vascular diseases, such as heart attack (the number one killer in the United States) and stroke. More than 50 percent of PAD patients are asymptomatic and cannot feel the classic warning sign of PAD—leg pain that occurs when walking or exercising and disappears when the person stops the activity. This symptom is typically dismissed as a sign of getting older, as is numbness and tingling in the lower legs and feet, coldness in the lower legs and feet, and ulcers or sores on the legs or feet that don’t heal.

In many cases, PAD can be treated with medication (such as blood thinners or drugs that dilate an affected artery), lifestyle changes (such as smoking cessation), diet and a structured exercise program. With early detection, patients could see an interventional radiologist when intervention is most effective and less invasive treatments are still an option. If needed, interventional radiologists can perform minimally invasive angioplasty (the widening of a narrowed or obstructed blood vessel) and/or stenting (the insertion of a tiny mesh tube) to open a blocked artery in the leg and restore blood flow.

A recent study in the *Journal of Vascular and Interventional Radiology* noted that after a percutaneous vascular intervention (a medical procedure where vascular access is done via needle puncture, rather than by using an open surgical approach) is used to treat PAD, exercise can play an important role in recovery, health and well-being.

“We designed our study to determine whether a percutaneous vascular intervention combined with supplemental supervised exercise therapy is more effective than the intervention alone in improving walking ability in patients with peripheral arterial disease,” said Joep A.W. Teijink, M.D., Ph.D., department of vascular surgery, Catharina Hospital, Eindhoven, the Netherlands. The trial evaluated individuals with peripheral arterial disease, all of whom were treated with a percutaneous vascular intervention for an atherosclerotic lesion (a kind of deposit consisting of fat, cholesterol and chalk on the inside of the blood vessels that carry blood away from the heart to the limbs, causing them to become narrowed or blocked).

“Our experience with our research group revealed that the ability to achieve a better walking distance correlates significantly with an individual’s quality of life. So at six months after intervention, a treadmill test was used to evaluate 61 individuals who were available for follow-up, on their absolute claudication distance, which is the distance at which the patient experiences pain with exertion to the point that he or she cannot continue walking,” said Teijink. “In the group of 34 that had the intervention and additional exercise

therapy, 11 were able to go the distance.” Tejjink concluded, “These significant results reinforced our theory that a solid program of follow-up exercise provides additional health benefits.”

SIR annually sponsors Legs For Life—a nationwide community health and public information and PAD screening program. Legs For Life began a decade ago because interventional radiologists—vascular experts who treat PAD—recognized that the disease is a major public health problem with a growing incidence. During September, National Peripheral Arterial Disease Awareness Month, individuals may find limited free Legs For Life screening sites listed at [www.LegsForLife.org](http://www.LegsForLife.org). Many interventional radiologists offer year-round screenings by appointment and can be found with SIR’s Doctor Finder at <http://doctorfinder.SIRweb.org/> (choose “Peripheral Arterial Disease” in the Area of Expertise list). Find out more at [www.LegsForLife.org](http://www.LegsForLife.org) or visit SIR’s Web site at [www.SIRweb.org](http://www.SIRweb.org).

High-risk groups, such as older Americans, smokers and diabetics, may take SIR’s Legs For Life free, online self-assessment quiz at [www.LegsForLife.org](http://www.LegsForLife.org). The online quiz helps assess health, family and lifestyle risks for PAD. The higher one’s score, the more important it is for that individual to discuss the quiz’s results with his or her doctor.

*“Additional Supervised Exercise Therapy After a Percutaneous Vascular Intervention for Peripheral Arterial Disease: A Randomized Clinical Trial,” Lotte M. Kruidenier, M.D., Ph.D., department of surgery, Orbis Medical Centre, Sittard, the Netherlands; Saskia P. Nicolai, M.D., Ph.D., department of surgery, Maxima Medical Centre, Eindhoven, the Netherlands; Ellen V. Rouwet, M.D., Ph.D., department of surgery, Erasmus Medical Centre, Rotterdam, the Netherlands; Ron J. Peters, M.D., Ph.D., department of cardiology, Academic Medical Centre, Amsterdam, the Netherlands; Martin H. Prins, M.D., Ph.D., department of epidemiology, Maastricht University, Maastricht, the Netherlands; Joep A.W. Tejjink, M.D., Ph.D., department of surgery, Catharina Hospital, Eindhoven, the Netherlands.*

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### **About Legs For Life**

Legs For Life has been sponsored annually by the Society of Interventional Radiology Foundation since September 1998. It is the largest, longest running and most inclusive national vascular disease screening program in the United States. Nearly 322,000 people have been screened to date, with one in four found to be at risk for PAD.

### **About the Society of Interventional Radiology**

Interventional radiologists are physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-ray, MRI and other imaging to advance a catheter in the body, such as in an artery, to treat at the source of the disease internally. As the inventors of angioplasty and the catheter-delivered stent, which were first used in the legs to treat peripheral arterial disease, interventional radiologists pioneered minimally invasive modern medicine. Today, interventional oncology is a growing specialty area of interventional radiology. Interventional radiologists can deliver treatments for cancer directly to the tumor without significant side effects or damage to nearby normal tissue.

Many conditions that once required surgery can be treated less invasively by interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. Visit [www.SIRweb.org](http://www.SIRweb.org).

***To obtain a copy of this article or arrange local interviews, please contact Ellen Acconcia, SIR communications manager/practice areas, [eaconcia@SIRweb.org](mailto:eaconcia@SIRweb.org), (703) 460-5582, or Maryann Verrillo, SIR director of communications and public relations, [mverrillo@SIRweb.org](mailto:mverrillo@SIRweb.org), (703) 460-5572.***

Are you at risk for AAA, PAD, stroke or venous disease? Take a quiz at [www.LegsForLife.org](http://www.LegsForLife.org) and find out.



Use a smartphone to scan this tag to take the quiz.