Ankle brachial index is equally predictive of exercise-induced limb ischemia in diabetic and non-diabetic patients with walking limitation.

Titre	Ankle brachial index is equally predictive of exercise-induced limb ischemia in diabetic and non-diabetic patients with walking limitation.
Type de publication	Article de revue
Auteur	Henni, Samir [1], Ammi, Myriam [2], Gourdier, Anne-Sophie [3], Besnier, Louis [4], Signolet, Isabelle [5], Colas-Ribas, Christophe [6], Picquet, Jean [7], Abraham, Pierre [8]
Editeur	Elsevier
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	2018 Jul
Pagination	702-707
Volume	32
Titre de la revue	J Diabetes Complications
ISSN	1873-460X
Résumé en anglais	BACKGROUND: In diabetic patients, arterial stiffness may impair compressibility of vessels and result in higher ankle to brachial index (ABI) than in non-diabetic subjects. METHODS: We studied 1972 non-diabetic and 601 diabetic patients, with suspected peripheral artery disease, Exercise transcutaneous oxygen pressure (Ex-tcpO2), expressed in DROP index (limb tcpO2 change minus chest tcpO2 change), is insensitive to arterial stiffness and can estimate exercise-induced regional blood flow impairment (RBFI). A minimal DROP <-15 mm Hg indicates the presence of RBFI (positive test). ABI was simplified to a category variable (ABIc) by rounding ABI to the closest first decimal. RESULTS: In the ABIc range 0.4 to 1.1 linear regression for mean DROP values were: y = 34 x - 53; (R = 0.211) and y = 33 x - 52; (R = 0.186) in diabetic and Non-diabetic patients, respectively. Both Db and non-D patients showed a high proportion of positive Ex-tcpO2 tests for ABIc in the normal range (ABIc: 1.0 and over) from 27.1 to up to 58%. More than half of patients with borderline ABI (ABIc = 0.9) had RBFI during exercise. it was 65.6% in diabetic and 58.5% non-diabetic patients. CONCLUSIONS: Resting ABI was not a better predictor of exercise-induced RBFI in non-Db than in Diabetic patients. Our results highlights the interest of still measuring resting-ABI in diabetic patients to argue for the vascular origin of exertional limb pain, but also of performing exercise tests in patients with walking impairment.
URL de la notice	http://okina.univ-angers.fr/publications/ua18748 [9]
DOI	10.1016/j.jdiacomp.2018.03.011 [10]

Autre titre	J. Diabetes Complicat.
Identifiant (ID) PubMed	29724591 [11]

Liens
[1] http://okina.univ-angers.fr/shenni/publications
[2] http://okina.univ-angers.fr/publications?f%5Bauthor%5D=29689
[3] http://okina.univ-angers.fr/publications?f%5Bauthor%5D=33502
[4] http://okina.univ-angers.fr/publications?f%5Bauthor%5D=33503
[5] http://okina.univ-angers.fr/publications?f%5Bauthor%5D=9240
[6] http://okina.univ-angers.fr/publications?f%5Bauthor%5D=29687
[7] http://okina.univ-angers.fr/j.picquet/publications
[8] http://okina.univ-angers.fr/pierre.abraham/publications
[9] http://okina.univ-angers.fr/publications/ua18748
[10] http://dx.doi.org/10.1016/j.jdiacomp.2018.03.011
[11] http://www.ncbi.nlm.nih.gov/pubmed/29724591?dopt=Abstract