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Functional status and quality of life after treatment of peripheral arterial disease

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Figures belonging to chapters



CHAPTER 3

Figure 1 Flow diagram of patient inclusion.

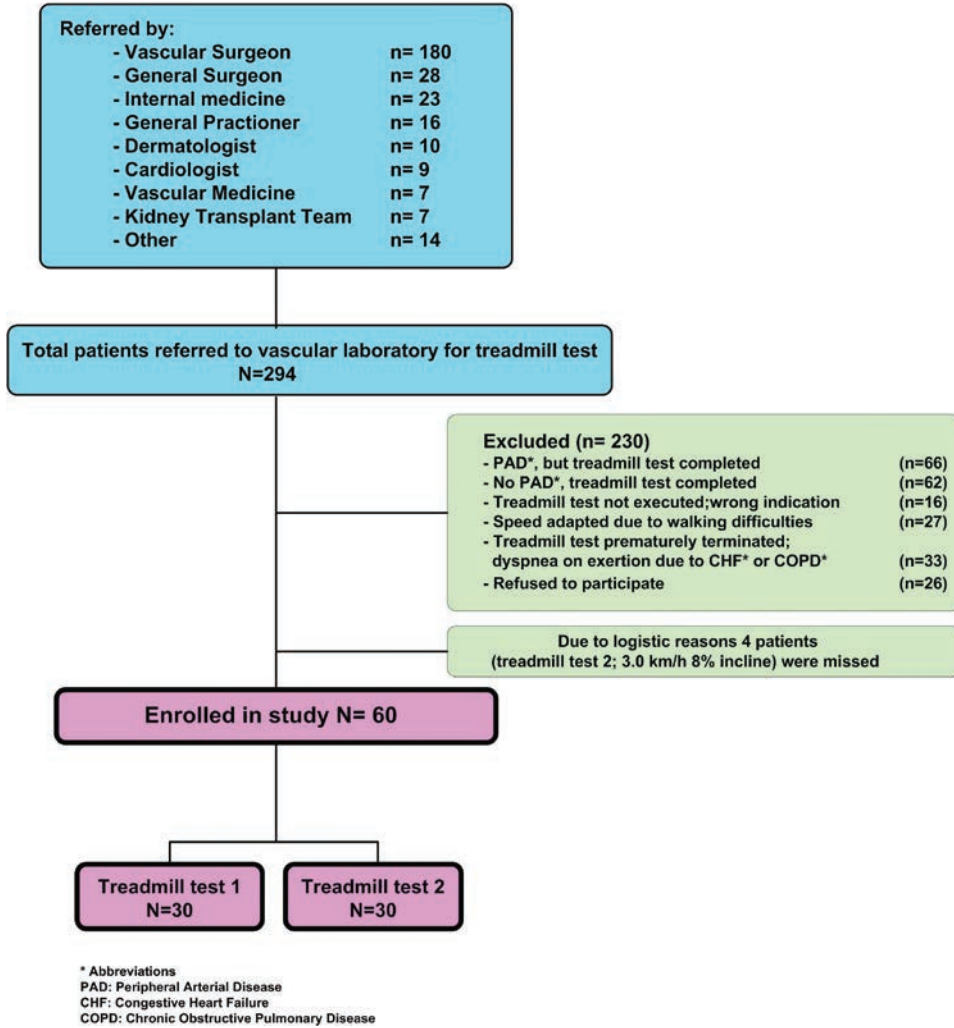


Figure 2 Median pain-free walking distance (PFWD) and maximum walking distance (MWD).

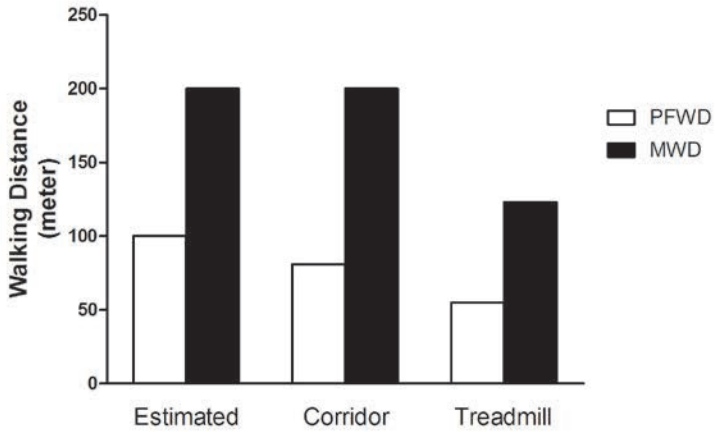
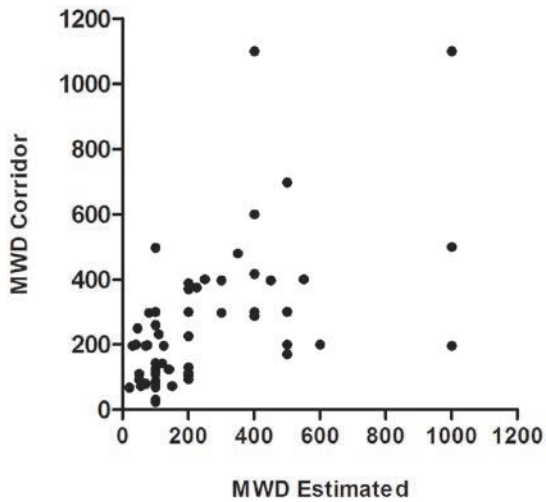


Figure 3 Distribution of estimated maximum walking distance (MWD) to MWD corridor.



CHAPTER 4

Figure 1. Flow diagram of articles included in the Systematic Review

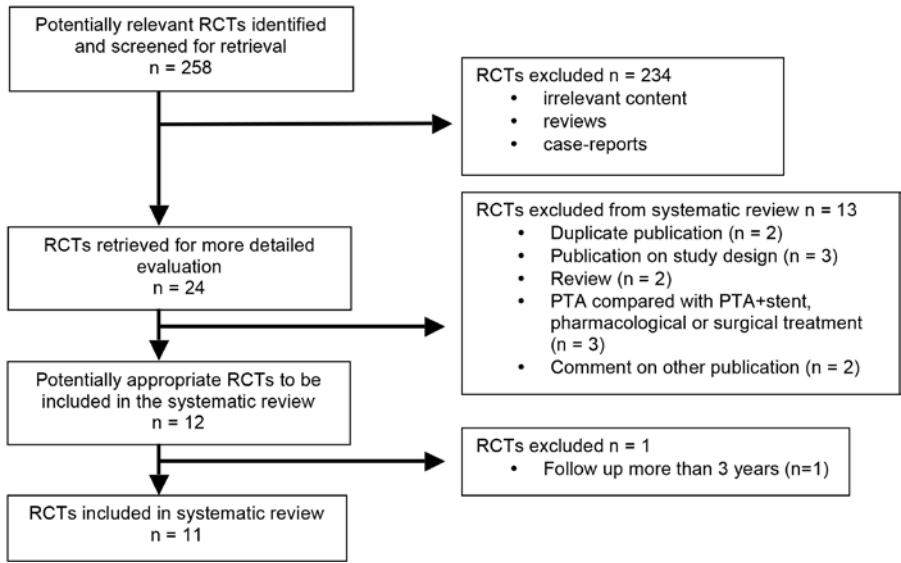


Figure 2. Results of Maximum Walking Distance in aorto-iliac artery disease per study

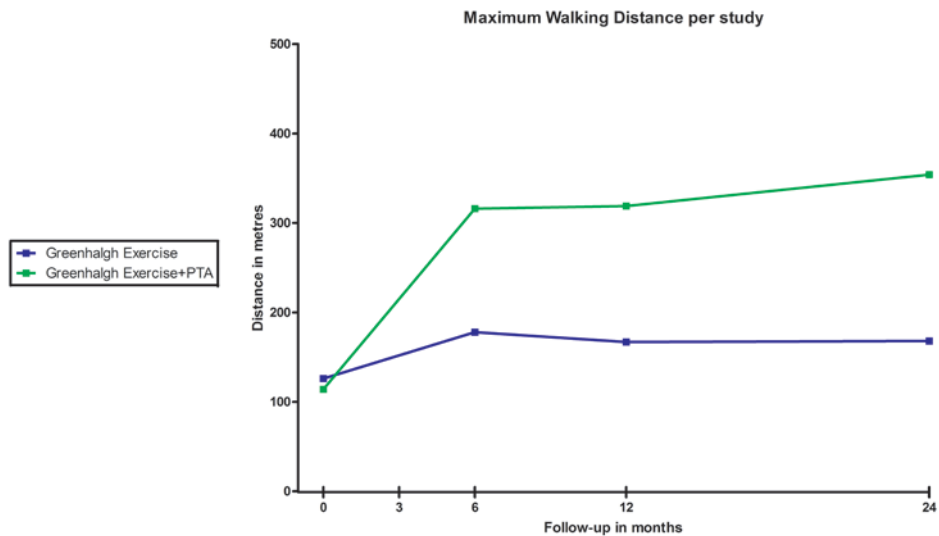


Figure 3. Results of Initial Claudication Distance in aorto-iliac artery disease per study

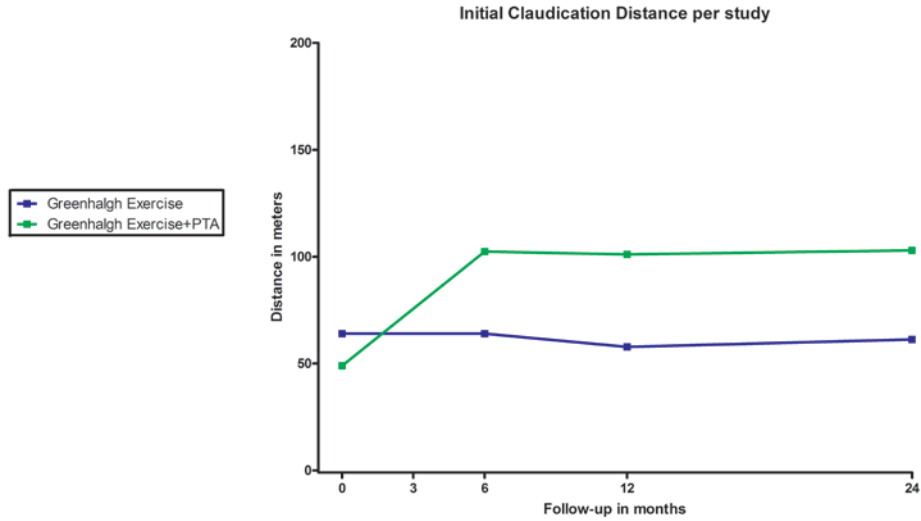
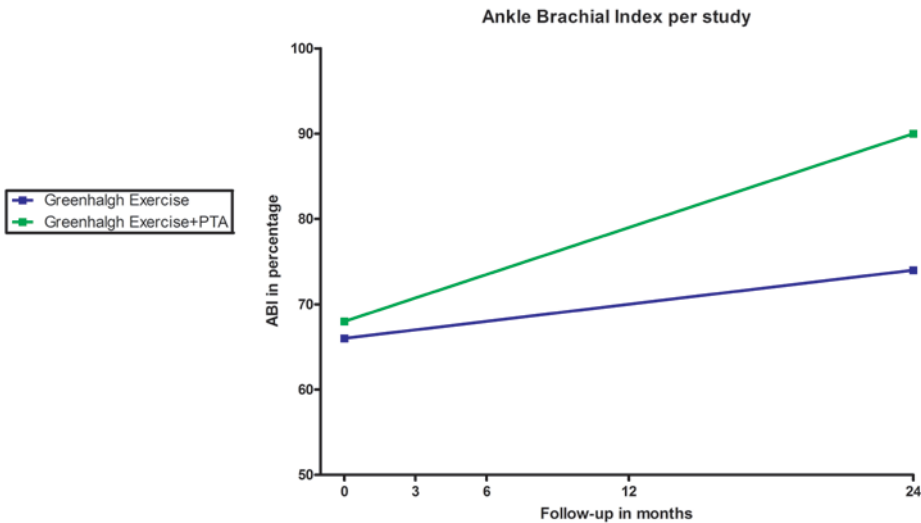


Figure 4. Results of Ankle Brachial Index in aorto-iliac artery disease per study



CHAPTER 4

Figure 5. Results of Maximum Walking Distance in femoro-popliteal disease per study

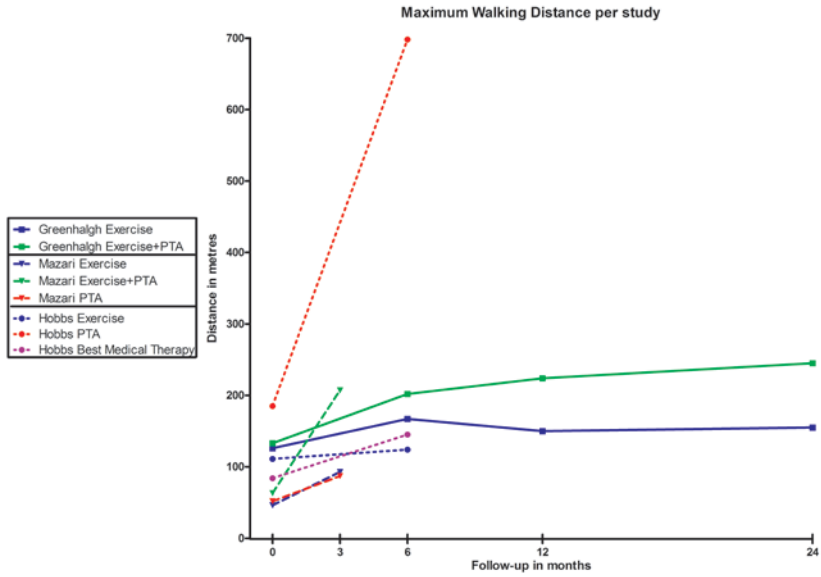


Figure 6. Results of Initial Claudication Distance in femoro-popliteal artery disease per study

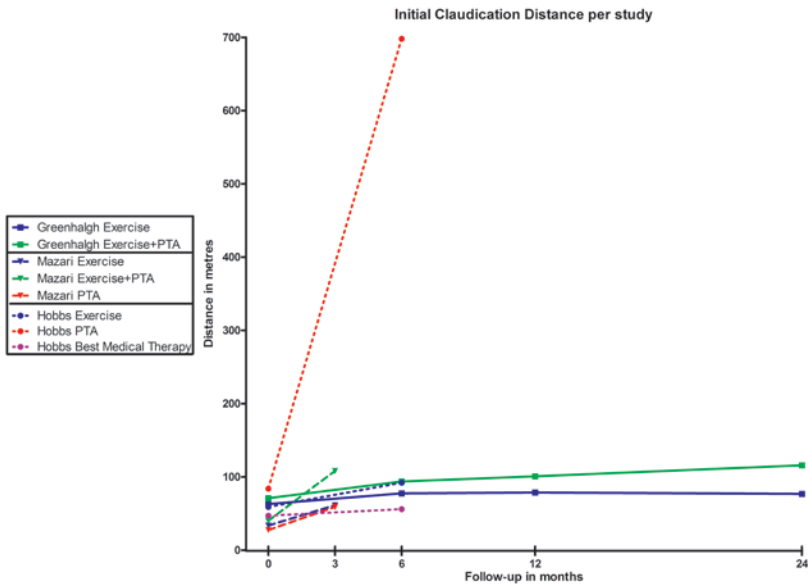


Figure 7. Results of Ankle Brachial Index in femoro-popliteal artery disease per study

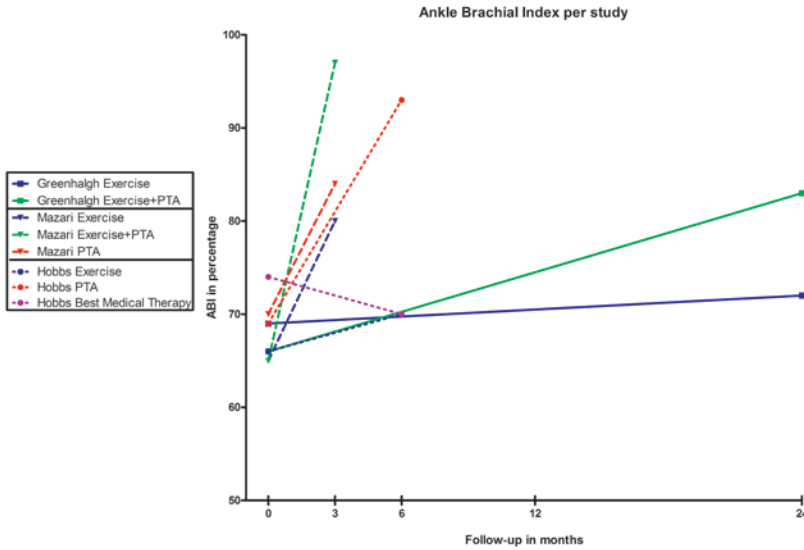
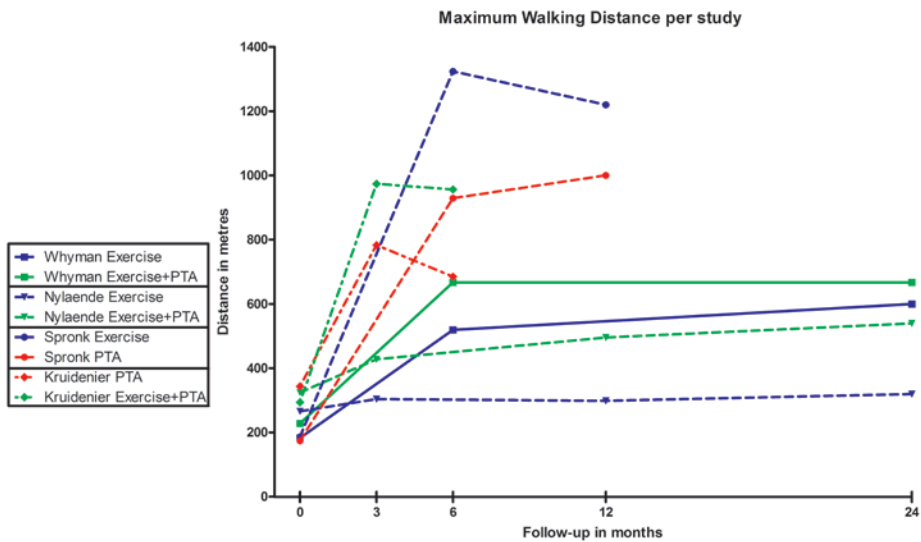


Figure 8. Results of Maximum Walking Distance in mixed aorto-iliac and femoro-popliteal artery disease per study



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Figure 9. Results of Initial Claudication Distance in mixed aorto-iliac and femoro-popliteal artery disease per study

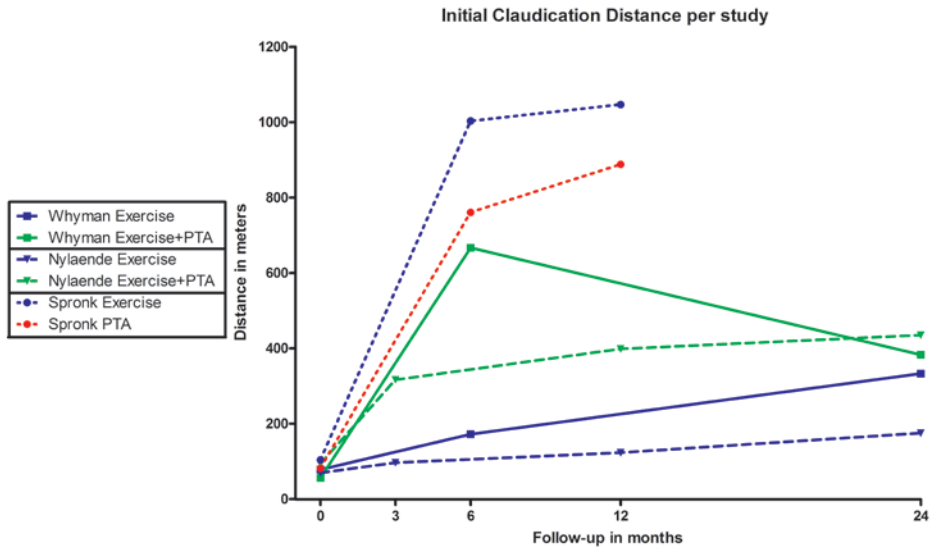


Figure 10. Results of Ankle Brachial Index in mixed aorto-iliac and femoro-popliteal artery disease per study

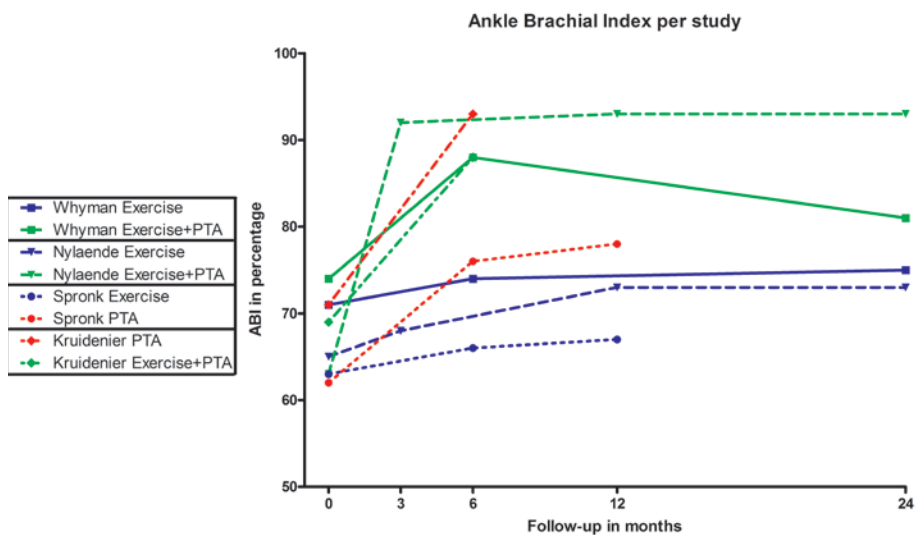


Figure 1. Eligibility criteria

<u>Inclusion criteria</u>	<u>Exclusion criteria</u>
<ul style="list-style-type: none"> • Age 18 years or older • Unilateral or bilateral disabling claudication • Patient can walk at least 100 meters and no more than 300 metres on a treadmill at 3.2 km/h and 10% incline • Ankle/Brachial Index < 0.9 or drop in ABI > 0.15 after exercise test • Haemodynamic stenosis of the common or external iliac artery on Colour Duplex Scanning (PSV ratio ≥ 2.5 or EDV ≥ 0.6 m/s) or on MRA/CTA (> 50% stenosis) or occlusion of the common or external iliac artery on Colour Duplex Scanning (PSV 0 m/s) or on MRA/CTA • Iliac artery lesion and a concomitant stenosis in the superficial femoral artery defined as stenosis >50% by Color Duplex Scanning (PSV ratio ≥ 2.5 or EDV ≥ 6 m/s) or on MRA/CTA, or occlusion on DS (PSV 0 m/s) or MRA/CTA • Lesion classified A, B or C according to the TASC classification of aorto-iliac lesions • Written informed consent 	<ul style="list-style-type: none"> • Life expectancy < 3 months • Patient is unable to complete self-reported questionnaires (insufficiently knowledge of the Dutch language, cognitive disorders, etc) • Patient is unable to give informed consent • A documented contrast allergy • Pregnancy • Contra-indication for anticoagulant therapy • Duration of current symptoms < 3 months • Occlusion of the common femoral artery on the symptomatic side • Patient is participating in another study • Heart failure or Angina Pectoris NYHA III or IV <small>NYHA III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitations, or dyspnoea NYHA IV: Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased</small> • Patient previously received SET according to guidelines of the Dutch Society for Physiotherapists • Renal insufficiency (serum creatinin > 150 micromol/l)

Figure 2. Description of Supervised Exercise Therapy (SET)

<ul style="list-style-type: none"> - The physiotherapist informs the patient about the training and the importance of day to day exercise. - The physiotherapist records the personal walking speed of the patient on a 6-minute walking test. - The duration of each session is 60 minutes. - During the first 30 minutes the patient walks on a treadmill to the ACSM (American College of Sports Medicine) Claudication Pain Rating Scale 3 (Intense Pain) as many times as possible. - During the second 30 minutes, the training focuses on walking pattern improvement and enhancement of endurance and strength. This is tailored to the individual physiotherapy practice, and the individual needs of the patient. - All patients receive homework, make a plan and keep a log of their exercise activities. - The homework includes goals to enhance day-to-day exercise according to the patient's own preferences, e.g. walking to the shops or in the park. - The patient receives feedback by doing a graded treadmill test (increasing slope of 2% every 2 minutes) every 4 weeks. - Additionally, besides coaching and monitoring the patient's homework, the physiotherapist advises on coping and problems encountered during homework and day-to-day exercise.

CHAPTER 5

Figure 3. Timeline SUPER study

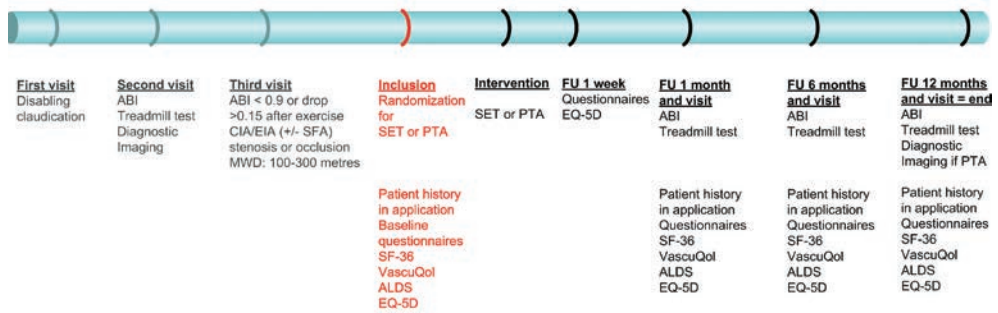


Figure 4. Primary and secondary outcomes after 1 year

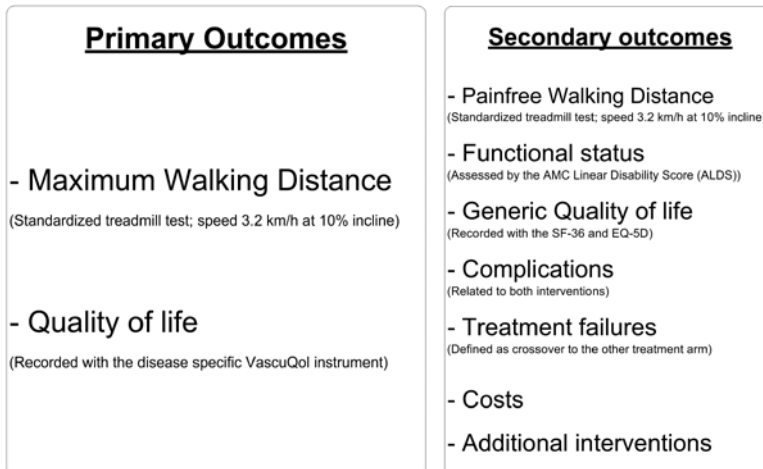
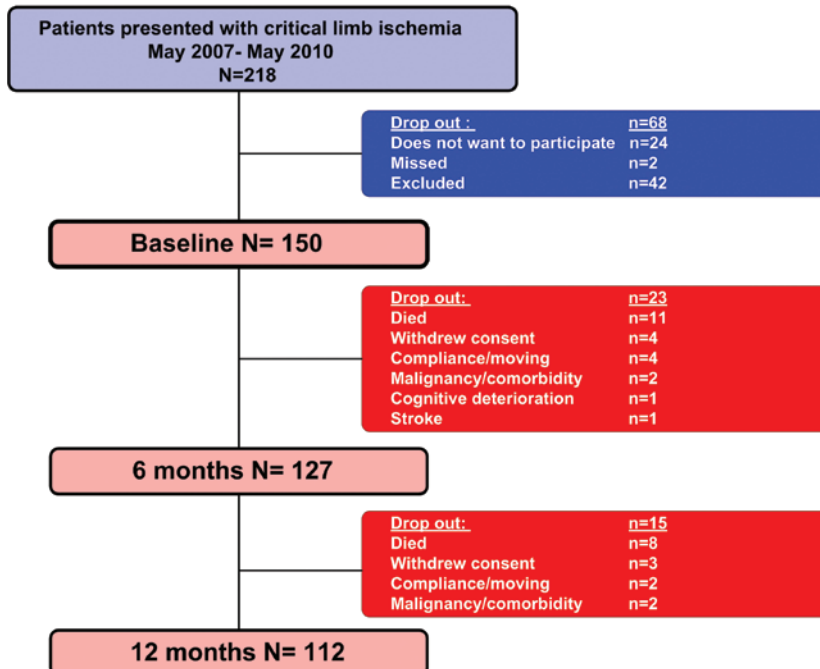


Figure 1. ALDS scores and corresponding activities



Figure 2. Flow diagram of study



CHAPTER 6

Figure 3a. Primary and additional interventions

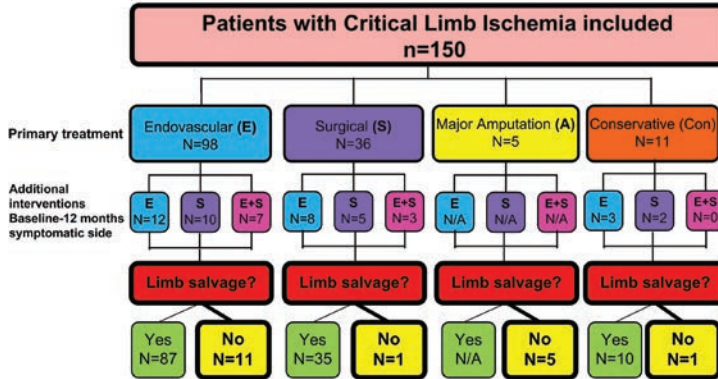


Figure 3b. Details on limb salvage or major amputation

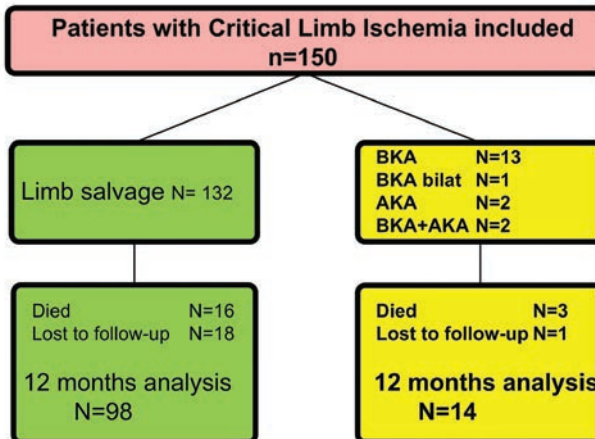


Figure 4a. ALDS scores baseline, 6 and 12 months after intervention

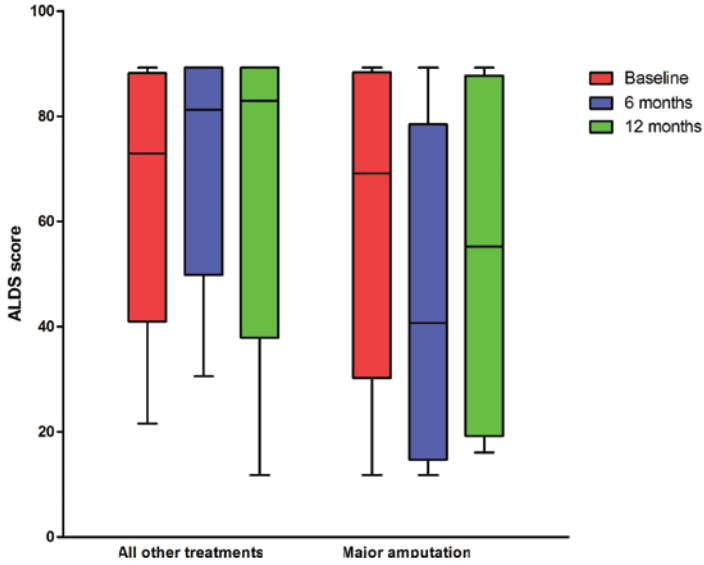
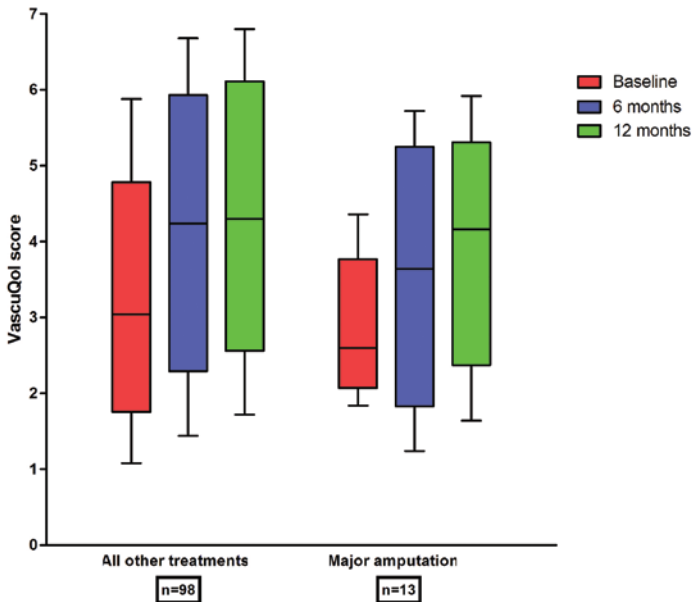


Figure 4b. VascuQoL sumscores baseline, 6 and 12 months after intervention



CHAPTER 7

Figure 1. Minimally Important Difference

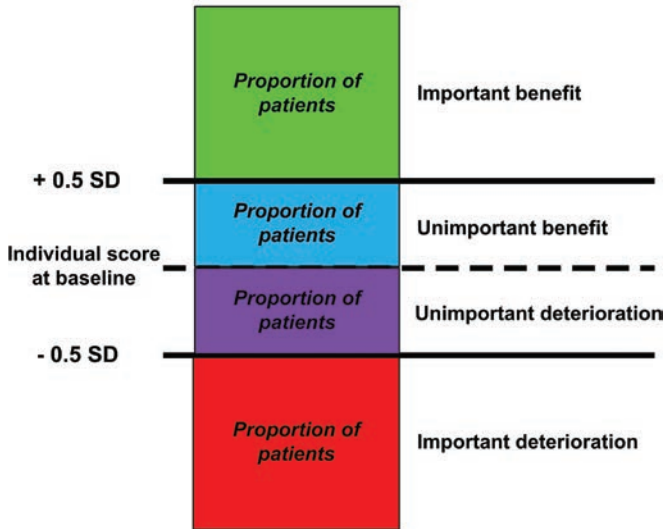


Figure 1a. Flow diagram of study

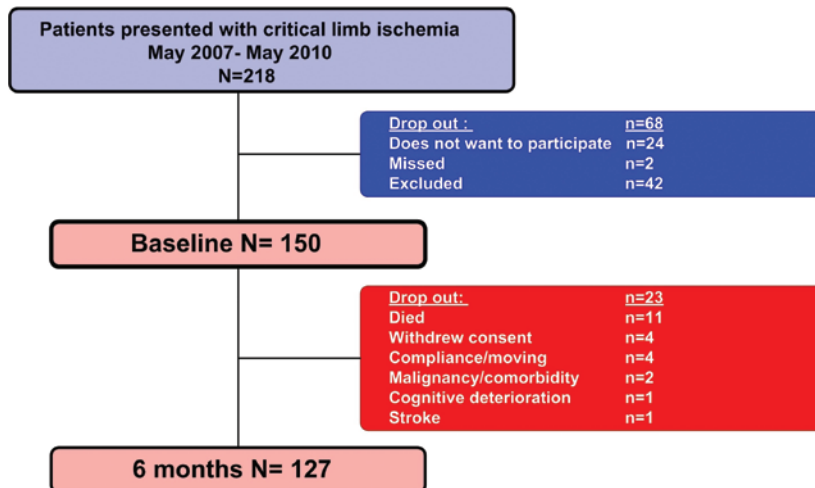


Figure 2. Proportion of patients showing an (un)important benefit or deterioration

