

## CLINICAL TRIALS UPDATES

# Five-year results of the getABI study

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The 5-year results of the German Epidemiological Trial on Ankle Brachial Index (getABI) Study were recently presented at the 2009 International Stroke Conference of the American Heart Association (San Diego, Calif, Feb 18-20, 2009).<sup>1</sup>

This prospective observational study included 6880 patients aged  $\geq 65$  years from German primary care practices and aimed to correlate the severity of peripheral arterial disease (PAD) and the risk of ischemia and hemorrhagic stroke. Baseline assessments were performed in 2001, and data were complete after 5 years in 99.9% of patients. PAD was defined as a baseline ABI  $< 0.9$  or a history of revascularization or amputation, or both. The primary end point was death or severe vascular event, defined as stroke, myocardial infarction, or peripheral revascularization procedure.

The investigators report that after 5 years, participants with PAD were more likely to die or experience a severe vascular event compared with those without PAD (hazard ratio [HR], 2.2; 95% confidence interval [CI], 2-2.6). The HR for total stroke was 1.6 (95% CI, 1.3-2.5). Specifically, PAD was associated with transient ischemic attacks and ischemic stroke (HR, 1.8; 95% CI, 1.3-2.5) but not with hemorrhagic stroke. The investigators were also able to

associate increasing severity of PAD (lower ABI) with an increased incidence of total and ischemic strokes.

Similar to the increased risk of cardiovascular events, the getABI investigators conclude that PAD patients are at a considerably increased risk of ischemic stroke and transient ischemic attacks. As a result, they recommend ABI measurements in primary care offices to identify these high-risk patients who would benefit from risk reduction strategies.

### COMMENTARY

This is another reminder that atherosclerosis is a systemic disease worthy of intense risk reduction strategies. This German observational study shows a positive association between PAD and the risk of ischemic stroke. In addition, the severity of PAD is positively correlated with this risk of stroke, with lower ABIs resulting in more strokes. Interestingly, PAD was not associated with an increased risk of hemorrhagic stroke, despite many of these patients being hypertensive.

An obvious extension of this observational study is the analysis of risk factors and risk reduction strategies. Little information is provided, but this patient cohort provides the investigators a unique opportunity to analyze such important features.

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Competition of interest: none.

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### REFERENCE

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