Invited Commentary

Commentary on 'Autonomy following Revascularization in 80-Year-old Patients with Critical Limb Ischaemia'

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The long-term outlook for patients with critical limb ischaemia (CLI) is poor and half will be dead within 5 years of diagnosis. What is more, it has been suggested that even those who have been revascularized show little postoperative improvement in mobility or autonomy. Lejay et al. sought to assess patient-reported functional outcomes after infrainguinal revascularization for CLI and clarify whether octogenarian patients achieve greater autonomy after open surgical bypass (OS) or endovascular surgery (ES).

These ‘softer’ patient-reported outcomes are increasingly accepted as useful indicators of treatment efficacy as they offer important information on how successful treatment has been from the patient’s perspective – unlike ‘harder’ clinical endpoints such as primary patency and amputation, which often have little correlation with clinical benefit.

In this study, the authors conclude that only the subgroup of patients considered to be ‘partially dependent’ prior to intervention (based on Parker score) are likely to derive significant benefit from revascularization. Though this conclusion should perhaps be viewed with some caution since the Parker score has undergone only rudimentary validation in this patient group, broadly similar findings have been reported elsewhere.1 The authors also report significantly better functional recovery after ES than after OS. This is perhaps surprising, since the only large randomized-controlled trial to have compared outcome of ES versus OS for patients with severe limb ischaemia (BASIL) failed to demonstrate any difference between groups in terms of quality of life (QoL).2 Though the results of the BASIL trial may be more credible since they had a larger study population and used a number of different QoL tools (including the disease specific VascuQol),3 the discrepancy may be explained by the fact that the majority of patients in that study were less than 80 years of age and were likely to have been less affected by the physical impact of open surgery.

Whilst the data presented here may not be sufficiently compelling to change clinical practice, they demonstrate the need for more detailed, age-stratified assessment of patient-reported outcomes in this patient group. The study does highlight the need for more widespread use of patient reported outcome measures. These previously overlooked functional data may have clinical utility in predicting benefit of treatment as well as assessing post-procedural outcome.

References