



Quality of Care and Outcomes Assessment

LOWER EXTREMITY PERIPHERAL ARTERY DISEASE IS ASSOCIATED WITH GREATER LONG-TERM MORTALITY RISK THAN HISTORY OF CORONARY ARTERY DISEASE: A NATIONWIDE STUDY

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Background: Lower extremity peripheral artery disease (PAD) is considered a coronary risk equivalent; however, no study has examined whether PAD confers similar long-term mortality risk as coronary artery disease (CAD).

Methods: Using nationwide administrative registries in Denmark from 2000-2007, we identified patients age >40 with incident diagnosis of PAD (with or without history of CAD) or incident CAD. We compared long-term mortality using Kaplan-Meier curves and adjusted Cox-proportional-hazard analysis with cut-point at 90 days.

Results: Overall, 37,160 patients with incident PAD alone (median age 71 years, IQR 62-79), 9,570 with PAD and history of CAD (median age 74 years, IQR 66-80), and 154,183 with CAD alone (median age 73 years, IQR 63-81) were studied. By 7 years, the PAD with CAD group had the highest mortality followed by the PAD alone group and then the CAD group (Figure). Early mortality (<90 days) was different compared with remainder of study period (p for interaction with time <0.0001). Within the first 90-days of incident diagnosis, PAD alone was associated with lower mortality relative to CAD (adj hazard ratio [HR] 0.59, 95%CI 0.56-0.61 and so was PAD with CAD: 0.77, CI 0.73-0.81). But after 90 days, the PAD alone and the PAD with CAD group had greater mortality than CAD alone (HR 1.23, CI 1.21-1.26 and 1.35, CI 1.31-1.39, respectively).

Conclusion: PAD is associated with greater long-term risk of death compared with CAD. Increased awareness of the prognostic importance of PAD is warranted.

