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IMPROVEMENT IN HEALTH STATUS FOLLOWING PERIPHERAL ENDOVASCULAR REVASCULARIZATION IS ASSOCIATED WITH IMPROVED SURVIVAL: 10 YEAR FOLLOW-UP FROM ALEVE

Poster Contributions
Hall C
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Background: Health status is associated with improved short to intermediate-term survival in patients with peripheral arterial disease (PAD) who undergo peripheral endovascular revascularization (PER). It is unknown whether these improvements are associated with improved long-term survival.

Methods: From February 2001 to August 2004, 300 patients underwent PER and participated in a prospective, longitudinal study of health status as quantified with the Peripheral Artery Questionnaire (PAQ). Scores range from 0 to 100; higher scores represent better health status. Improvement in health status was defined as an 8-point increase in PAQ Score. Mortality was assessed with the social security death master file.

Results: The average age was 68 ±11 years, 62% were male, 96% were white, and 39% were diabetic. The mean +/- SD baseline and 1 year PAQ scores improved 1 year after PER from 31 ±19 to 62 ±27 (P<0.0001). Despite a 98% technical success rate, health status did not improve in 21% of patients. Patients who improved after PER had better 10-year survival (60% responders vs. 38% non-responders, p= 0.025).

Conclusions: Improvement of PAD-specific health status as assessed by the PAQ following revascularization is associated with lower mortality. Patients with poor response to PER may be candidates for more intense follow-up or medical therapy to improve long-term clinical outcomes.

Kaplan Meier Survival Curves for Responders vs. Non-Responders 10 years Post Peripheral Endovascular Revascularization