CORRESPONDENCE

Response to Letter from R. Rosoky and N. Walosker regarding “Life-style Modification in Peripheral Arterial Disease”

Dear Sirs

We appreciate the comments of Rosoky and Wolosker concerning our recent article, and we agree with them that smoking is probably the most important ‘life style’ issue in patients with claudication. It is interesting that they feel that this will not result in an improvement in walking distance. Certainly, in their large study of 500 claudicants the main factor in producing an improvement in walking distance over a 6 month period was adherence to exercise training. However, in terms of cardiovascular outcomes and the prevention of further atherosclerotic lesions in the longer term, quitting smoking must undoubtedly still remain a priority for these patients. In any event the focus of our article was on interventions to reduce risk of future cardiovascular death and not on symptom improvement in claudicants.

The issue concerning type of exercise is also an interesting one. Certainly the best evidence for exercise training comes largely from studies involving supervised exercise. However, it seems highly likely that if individuals can be sufficiently motivated unsupervised exercise would also have the same, or additional, benefits. Certainly it is our practice to try and motivate all patients to take more exercise as we can only provide a supervised program for the minority of our patients due to funding constraints. As for the difficulty of exercising patients on treadmills our supervised exercise program involves shuttle walking as we have also found that elderly patients can carry this out safely and cheerfully.

S. Khan1, M. Cleanthis1, J. Smout1, M. Flather2, G. Stansby1

1Northern Vascular Unit, Freeman Hospital, Newcastle upon Tyne, and 2Clinical Trials Unit, Royal Brompton Hospital, London, UK

E-mail address. gerard.stansby@nuth.northy.nhs.uk

References


Accepted 16 February 2005
Available online 29 March 2005