ARE AT RISK LOWER EXTREMITY PAD OUTPATIENTS BEING TREATED WITH ASPIRIN, ACE INHIBITOR, AND STATIN THERAPY AS RECOMMENDED BY ACC/AHA GUIDELINES?

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Background: Lower extremity peripheral artery disease (LEPAD) is a common syndrome that afflicts many individuals and leads to significant morbidity. Appropriate treatment of high risk individuals, per recommendations outlined in the American College of Cardiology (ACC)/American Heart Association (AHA) Guidelines for the Management of Peripheral Artery Disease (PAD) (JACC, 2006), consists of treatment with hydroxymethyl glutaryl (HMG) coenzyme-A reductase inhibitors (statins), aspirin, and ACE-inhibitors. Outpatient cardiology practices often take care of high risk patients and thus have the unique opportunity to treat LEPAD.

Methods: A randomly selected group of 200 outpatients seen in a large academic cardiology practice from September 2011 underwent retrospective chart review. The at risk cohort for LEPAD were defined as: age less than 50 years with DM and one atherosclerosis risk factor, age 50-69 years with history of smoking or diabetes, age 70 years and older, leg symptoms with exertion or claudication, or known atherosclerotic coronary artery disease.

Results: Seventy eight percent (n=156) of outpatients were at risk for LEPAD with a mean age of 66 years and 55% females (n=83). At risk cohort characteristics were: claudication (18%), exertional leg symptoms (16%), hypertension (92%), diabetes (46%), hypercholesterolemia (85%) and smoking history (56%). Of this population, 10% were on statin therapy alone, 72% were on aspirin therapy alone, and 48% were on ACE-inhibitor therapy alone. While 74% were noted to be on statin therapy in general, only 25% were receiving all three therapies simultaneously.

Conclusions: The vast majority of at risk patients are not being maximally treated for LEPAD in accordance with the recommendations in the ACC/AHA Guidelines for PAD in outpatient cardiology office visits. Reasons for withholding particular therapies were not readily available and could be considered a limitation of this review. Increasing awareness and recognition of at risk patients may lead to more maximal treatment of LEPAD.