

Transcript Details

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Keys to Helping Overcome the Growing Prevalence of Peripheral Artery Disease

Announcer:

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Chapter 1: How Common Is PAD in the US?

Dr. Rachel Bond:

PAD is actually very common. The issue is that it's not diagnosed as rapidly, particularly for certain patient populations. So, when we think about the statistics in the United States, only 8.5 million Americans are actually being diagnosed.

Chapter 2: Why Is PAD Prevalence Increasing While the Condition Continues to Be Undiagnosed?

Dr. Rachel Bond:

Awareness of PAD in the community is rather poor and it's actually for both men and women. Data has shown women may actually be more aware of peripheral arterial disease. I think that what's happening, unfortunately is that we're not screening for it as robustly as we should in the clinical setting. So, we have to really engage with our primary physicians in the community, as well as our family medicine doctors, the podiatrists, the endocrinologists, further specialists that are going to be taking care of those higher risk patients. And encouraging them to screen, be it symptoms, doing a very robust pulse exam, foot exam, looking for ulcers that are not healing for example, and acknowledging the fact that peripheral arterial disease or PAD can affect anybody, be it gender, women versus men, be it race, white versus black. So, it's something that's prevalent. And the prevalence is increasing, most notably because our population is aging. But also, we're having more common increase in these modifiable risk factors that we really need to do a better job at controlling.

Chapter 3: What Are the Challenges in Screening & Diagnosing Patients with PAD?

Dr. Geoff Barnes:

One of the big challenges in diagnosing PAD is that people have different symptoms, and many people don't have any symptoms at all. In fact, it's very common that people will come into my clinic and they'll tell me that they don't have any problem with their legs. But when I dig a little bit deeper and I ask whether they've changed their exercise habits, are they spending more time sitting, maybe they're using the scooter at the grocery store instead of walking, I hear about a change and the reason for that change is that their legs are tired or they're fatigued or uncomfortable. That's the clue to me that I need to go looking for PAD. Patients won't always tell me that they're having symptoms because they've adjusted their lifestyle and that's where it's really critical to ask those questions, take off those socks and shoes, get a good look at the feet, and look for the pulses.

Chapter 4: Dr. Rachel Bond's Perspective on How Clinicians Can Help Close the Gaps in Healthcare Disparities in Patients with PAD

Dr. Rachel Bond:

Americans are going undiagnosed with peripheral arterial disease. What that tells us is that there's gaps in underlining diagnosis of it. One thing that we have to do a better job at is screening patients for symptoms. Atypical symptoms, in particular, which we know do disproportionately occur more commonly in women than men. We also need to make sure that we're taking each patient's socks off during their exam, doing a very thorough pulse check, making sure that we're looking for any wounds or scars, for example. We also want to make sure that once we diagnosis peripheral arterial disease, or PAD, that we're making sure that we're providing the patients

the standard guideline recommendations. And the disparities are seen more commonly in women, as opposed to men. We also know that that translates, more commonly, into worse complications in the future. These same disparities are seen in the African American population, as well, where unfortunately, because of that they are at about 4 times greater rate of having the need for an amputation, which is something, at the end of the day, we want to avoid. So, we can absolutely do much better in closing these gaps in care that we're seeing.

Chapter 5: Dr. Geoff Barnes' Perspective on How Clinicians Can Help Close the Gaps in Healthcare Disparities in Patients with PAD

Dr. Geoff Barnes:

Healthcare disparities, especially related to PAD, are critically important. And there's a number of things that we can do to try and start chipping away at this problem. The first is awareness. We need more people to be aware that PAD exists. And especially in the black American community where it is such a prevalent healthcare burden. We need to raise awareness. Then when those people go to see their doctors, the doctors have to do a better job of identifying PAD, and managing PAD. We've got to take the socks and shoes off of our patients so we can look at their legs and we can palpate their pulses. We've got to ask them those key questions to uncover if they're having symptoms. We've got to get them diagnosed and then we need to put them on treatment. And we don't want to wait just until they see a surgeon. I think it behooves all of us who are non-surgical doctors, the primary care docs, the cardiologists, the other specialists, we need to own this, as well. We need to do our best to really identify and manage PAD so we can save those limbs and we can help to prevent other complications for patients with PAD. That's how we start to chip away at some of these disparities.

Chapter 6: In Patients with PAD, How Can We Help Improve Patient Outcomes?

Dr. Geoff Barnes:

I'm thinking about things like getting their cholesterol under control, helping them quit smoking, making sure their blood pressure and their sugar, their diabetes are under control, and then probably getting them on some sort of a blood thinner, at least a baby aspirin, maybe some other therapies, depending on their situation. We know that walking is the best way for people to improve their function. For many people, that's going to be something called 'supervised exercise'. It's very similar to cardiac rehab. For other people, they might be able to get into a walking program at home, on their own. But we have to coach them. We have to give them advice on how to become better walkers so that their legs can start to function better. There are a few medicines that we can try, but really it's about getting them walking, monitoring their symptoms and making sure they're on those medicines that help to prevent heart attacks, strokes.

Chapter 7: What Are the Impacts of PAD If It Is Not Appropriately Diagnosed & Treated?

Dr. Rachel Bond:

PAD is an equivalent to having coronary artery disease or having cerebral vascular disease meaning any evidence of blockages in the arteries in your head, something that could cause a stroke. And we know that the vast majority of patients that do have PAD and are not treated for it aggressively, be it with medications and/or the need for intervention, such as revascularizations, will likely have a higher risk of having a heart attack or stroke. We also know that PAD can also lead to, in the future, more concerning comorbidities such as acute limb ischemia, where you have just an abrupt reduction in circulation to an area in your leg. Or potentially something called critical limb ischemia, which occurs more progressively, but nonetheless, that normally presents with rest pain, ulcers or wounds that are not healing. And it's very, very critical that we diagnose this, but more importantly, manage it. Because if we don't data has shown that patients, about 1 in 4 can actually die within the, within the next year if that, um, particular condition is not managed accordingly.

Chapter 8: What Are Some Ways in Which the Patient-Provider Dynamic Can Be Improved for Patients with PAD?

Elizabeth:

When it comes to the patient/doctor relationship in dealing with PAD, one of the problems that I've noticed is when a patient comes to the doctor's office, you know, the provider only has about 10 minutes to deal with each patient. When you go to the doctor and you write on the paper the reason for the visit, a lot of times, you know, physicians, that's the only thing they concentrate on. As patients, I think we need to be willing to go beyond what we wrote on that paper. And I think as physicians, you have to ask the question. Sometimes the patients don't even know that they have PAD, most of the time, they don't know. And so, it's going to be up to the physician to ask the right question. Do you walk? How much do you walk? You know, are you using a scooter? Are you using a walker? Because some patients will chalk it up to aging, or just becoming old. So, you have to get to that question. And as a doctor, I think you owe it to the patient to have a real conversation with them about their lifestyle.

Announcer:

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