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Title: Assessment of Peripheral Arterial Disease Screening and Management in High-Risk Patients

Authors: Kandarp Suthar DO, Afif Hossain MD, Hyein Jeon MD, Daniel Matassa MD

Background: PAD affects over 8.5 million Americans and is associated with significant morbidity and mortality. The 2016 ACC/AHA guidelines recommend screening asymptomatic and symptomatic patients at high risk of PAD to maximize primary and secondary prevention of ischemic cardiovascular and neurologic events. Our study aims to assess for optimal goal-directed medical therapy, quality of life measures and reduce adverse effects in patients at high risk for PAD.

Methods: Retrospective chart review of 200 patients randomly selected from the ACC clinic from 1/2017-5/2021. The following groups were assessed for PAD screening with ABI: patients 65 years or older, patients 50 years or older with other atherosclerotic risk factors or a family history of PAD, and adults 50 years or younger with diabetes and at least one other atherosclerotic disease risk factor.

Results: Out of 151 high risk patients across all 4 groups, 5% of patients were screened for PAD with ABI and of those 20% were diagnosed with PAD. Out of patients who had claudication symptoms, only 70% were sent for ABI. Out of patients with diagnosis of PAD, 90% were on ASA 81mg and 78% were on a High intensity statin. Our analysis found that 31 of 83 patients, or 37.3% of patients over the age of 70 were prescribed low-dose aspirin. Patients had an average of 2.33 cardiovascular risk factors with a standard deviation of 0.92.

Conclusions: Our findings suggest there is a significant fraction of patients who qualify for and could benefit from PAD screening and management optimization. One way we can increase screening rates in clinic is to include it in our annual health maintenance smart phrase in EPIC. Specifically, there was a significant portion of symptomatic high-risk PAD patients who did not receive non-invasive diagnostic or treatment modalities. However, given socioeconomic limitations in our patient population, we recognize limitations in screening.