EDITORIAL

Peripheral Arterial Disease-More Than Just Numbers: Lack of Disease Awareness and Hurdles in Management

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Global population is going through a serious epidemiological shift inside which the load of Peripheral Arterial disease (PAD) is converting towards third world countries. Therefore, we ought to shift our recognition toward prevention and control of this disease. Over the last decade, treatment plan has been advanced, such as early diagnosis, greater common utilization of diagnostic investigations and advanced revascularization techniques. In this writing I emphasize the need to expand the vision and know-how of peripheral arterial disease, enhance its diagnostic considerations and to analyze and control this disease.

Lower limbs PAD is atherosclerotic disorder involving the arterial system of lower limbs. It is a prevailing condition considered to take hold of around 250 million people internationally and is related to expanded danger of numerous detrimental scientific effects such as amputations and MI. Amputation is the accidental loss or removal of part of the body . It is a transformative incident which influence one's capacity to be mobile, to do his routine chores , engage with people around and keep their self-determination.

The word burden of disease is a -ive term as it focuses more on the adversities and losses related with disease, disability, and death.

Critical limb ischemia[4] is a drastic variety of arterial disease which is frequently described as peripheral arterial disease with associated limb pain at rest, non-healing ulcers, or gangrene.[2,5]A study showed the 1-12 months incidence proportion for mortality as well as amputation is around twenty percent in patients with Critical Limb Ischemia.[6] In three different studies done at three different setups, there is an established relationship between lower socioeconomic group and high amputation rate in patients with CLI.

Despite being widespread and having unfortunate clinical outcomes in phrases of impaired workout and decreased physical function, PAD is still underrepresented and not thoroughly studied as in comparison with other related diseases. This little to no know-how is the reason behind disastrous approach to patients with PAD round the globe. In a latest systematic review by Bridgwood et al about PAD expertise and understanding, 61% of GPs were doing patients screening for arterial diseases and only 6% were treating patients according to the set guidelines.[1] During the same setup, the data of knowledge testing of undergraduate students and post graduate trainees validated negative to little overall knowledge regarding disease presentation and management. Disease awareness rate is 21%-61% among general population, according to this study. This lack of know-how and understanding is one of the motives towards delayed or underused treatment.

There seems to be many possible grounds for this underestimation of peripheral arterial disease. Firstly, it's a diagnostic dilemma thanks to broad spectrum of disease presentation.[13] Only 10%-30% presented with classical symptoms of intermittent claudication which is pain in calves that improved on rest of at least ten minutes, 20-50% are asymptomatic, whereas 40-50% having atypical presentation.[3] Secondly, the first-line investigation is the ankle-brachial index (ABI) and ABI ≤0.90 is diagnostic.[2,7,8] Research proved that ladies tend to own lower ABIs than males, mainly attributed towards their shorter height.[9,10] The ABI are often falsely high because of stiffened ankle arteries in DM or chronic kidney disease.[11,12] So here it is best to record the toe-brachial index i.e., measurements of toe and brachial systolic blood pressures.[2,7,12] As luck would have it, in our setups due to increased patient load, non-availability of resources and lack of expertise this is often not routinely done.

Also, many of us assume that morbidity and mortality related to leg diseases is lowered as

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compared to other atherosclerotic diseases.

In conclusion, PAD is prevalent in our society and needs to be addressed properly considering in mind the cost and maintenance of prosthesis after amputation is not a piece of cake for our people. In my opinion we can take steps towards attention of our healthcare workers within the shape of seminars and workshops. Also, we can distribute pamphlets in out- patient department for patient awareness. There should be screening of all high-risk patients with or without symptoms of PAD. An early and prompt referral of those patients to specialized clinics are going to be of great help. We should always stress more on prevention of disease instead of prevention of amputation.

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