

## #ESC17: Peripheral Arterial Diseases - Window into Cardiovascular Health



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A presentation on the 2017 ESC peripheral arterial diseases (PADs) was carried out at this year's European Society of Cardiology Congress 2017. The session centred on the importance of these conditions in the cardiac context while exploring the importance of collaboration between cardiologists and vascular surgeons—indeed the essence of good management of PADs patients in Europe.

The 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society of Vascular Surgery (ESVS), were presented to delegates where Professor Victor Aboyans (Department of Cardiology, Dupuytren University Hospital, Limoges, France) and Professor Jean-Baptiste Ricco (University Hospital of Poitiers, France), co-Chairpersons of the guidelines, chaired the session. The Guidelines presented refer to all forms of disease in the peripheral arteries (i.e PADs) rather than just in the lower extremities.

Prof. Aboyans, a Member of the ESC Congress Programme Committee told nearby delegates and the ESC news that cardiologists must know about PADs because many of the patients that they see for cardiac conditions, can simultaneously also have this disease; this is all about the cardiovascular system. He explained that PADs can be “a window into cardiovascular health”.

“If we look for PADs in individuals and we identify it in these individuals, then we also identify people who are at high risk of cardiovascular events,” he said.

The first and most important thing “is to assess to clinical severity and conduct imaging to see disease presentation, which arteries are involved, and if there is a need for revascularisation,” Prof. Aboyans says. After this, specific surgical strategies (open or endovascular) can be considered.

Prof. Aboyans summarised how many vascular surgeons do endovascular therapies, while cardiologists and interventional radiologists carry out endovascular therapies. The point is to create patient-centred management.

“For every stage of PAD, what is very important is the medical therapy and secondary prevention measures,” Prof. explained.

Specific risk factors were also considered. “This means smoking cessation, control of blood pressure and the use of statins to decrease cholesterol level. These treatments have two objectives. The first is to prevent any progression of the disease for the lower limbs but also, because patients affected by PADs have a high risk of heart attack and stroke, to prevent these secondary issues.”

“The most frequent disease affecting the peripheral arteries is atherosclerosis. Atherosclerosis risk factors are the same in every artery, although some risk factors may have a different importance and carry different weight in the prevalence and incidence of the disease in different arteries.

“Smoking is considered the first and the most prominent risk factor for PADs. Hypertension and hypercholesterolaemia are also risk factors, along with age and familial history of PADs. Diabetes is of increasing concern because its incidence in the general population is booming. All types of diabetes are problematic, but type 2 diabetes is the most frequent issue,” Prof. Aboyans concluded.

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