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“PAD is one of the strongest risk markers for heart disease. People with PAD have a six- to seven-times higher risk of heart attack or stroke (and may even face amputation of the affected limb due to gangrene) if the disease progresses without treatment.” If that’s not

“Many people with PAD have no symptoms at all.”

enough to encourage you to arm yourself with knowledge of this disease, consider this: Severe and symptomatic PAD increases cardiovascular and coronary heart disease mortality a whopping 15-fold, according to a study conducted at the University of California, San Diego, School of Medicine.

Silent and insidious

PAD develops slowly over years, and symptoms may not appear until the disease has progressed to a very serious stage. “In fact, many people with PAD have no symptoms at all, at least until their leg arteries have narrowed by 60 percent or more,” adds Angila Jaeggli, ND, at the Bastyr Center for Natural Health in Kenmore, Washington.

To add to the confusion, people may mistake the most common symptom of PAD, claudication—a restriction of blood flow to the limbs resulting in fatigue, heaviness, excess tiredness, or cramping in the leg muscles during any type of exercise—as normal fatigue. Or they may chalk it up simply as a sign of aging. Adding further to the confusion, symptoms of claudication come and go, usually appearing only during exertion, which contributes to an “out of pain, out of mind” mentality. Other symptoms of severe PAD include lingering foot pain, slow-healing wounds on the feet or toes, color changes in the skin of the feet, including paleness or blueness, and erectile dysfunction.

The **Silent** Epidemic

A simple test may save your life.

BY VONALDA M. UTTERBACK, CN

Chances are you’ve never heard of peripheral arterial disease, often called PAD, an illness characterized by clogged arteries in the legs and other extremities. Here’s why you should know about it: This potentially deadly disease affects 8 million to 12 million Americans, yet as many as 75 percent of them experience no symptoms and haven’t a clue they have the disease.

The most common type of peripheral vascular disease, PAD occurs when

extra cholesterol and other fats, called plaque, collect in the walls of arteries. This process, if left unchecked, narrows the arteries and reduces—and eventually can totally block—blood flow. PAD occurs most often in the legs, but may also affect the heart, stomach, arms, and even kidneys.

“Diagnosis is critical,” says Dennis Goodman, MD, FACC, senior cardiologist at Scripps Integrative Medicine Department in La Jolla, California.

TAKE CONTROL

The following lifestyle modifications will go a long way to reducing your risk of all types of vascular disease, including peripheral arterial disease (PAD).

>> GET YOUR MOVE ON: Many studies show exercise produces significant benefits for the vascular system. Regular exercise also reduces symptoms of PAD and increases the distances PAD patients can walk without pain. In fact, in a recent US study published in the July issue of the journal *Circulation*, researchers found the death rate among more active PAD patients less than a third of that in inactive patients. Work up to at least 30 minutes of brisk walking outside or on a treadmill at least five days a week.



“Exercise is the top suggestion I have for anyone with PAD, or for anyone wishing to prevent the disease,” says Dennis Goodman, MD. “Regular exercise can actually improve blood supply by encouraging the body to grow new blood vessels, called ‘coronary artery collaterals’—no medication can do that.”

>> PUT IT OUT: Smoking tobacco is a major risk factor for PAD. Smokers, on average, are diagnosed with PAD up to 10 years earlier than nonsmokers. Quitting smoking—or never starting—is the most important thing you can do to prevent PAD or slow it down.

>> SUGAR CONTROL: People with diabetes have a greater risk of developing vascular problems. If you have the disease, work with your healthcare practitioner to keep your glucose levels under control.

>> LOWER THE PRESSURE: High blood pressure is another artery-damaging condition. Blood pressure can often be reduced through diet and exercise.

>> EAT YOUR WAY TO HEALTH: Since people with PAD usually have high cholesterol, experts recommend a diet low in saturated fat, trans fat, and cholesterol. Increase your intake of fruits, vegetables, whole grains, and other whole foods while eliminating junk foods and other highly refined and processed foods, and you’ll achieve a healthy diet. Also, add more fiber, which helps to lower cholesterol and decrease your risk of PAD as well.

Source: Adapted from the American Heart Association: “Your Guide to PAD”

Test it out

The initial screening for PAD is quick, inexpensive, and painless. Called the ankle-brachial index (ABI), the test offers a simple and reliable means of diagnosing the condition. The ABI measures the blood pressure of the ankle and arm at the same time using a pencil-shaped ultrasound device called a Doppler. By dividing the highest blood pressure at the ankle by the highest recorded pressure in your arm, your healthcare practitioner arrives at your

ABI. Healthy ankle pressure registers at least 90 percent of arm pressure, but the severe narrowing of PAD may cause it to drop to less than 50 percent.

“When I see a patient who is overweight and does not exercise regularly, with a family history of cardiovascular disease, who is a current or previous smoker, and with elevated LDL cholesterol levels, a red flag goes up, and I check for PAD,” says Jaeggli. Additional risk factors include diabetes or prediabetes, a history of heart attack or stroke, and

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ethnicity: African-Americans are twice as likely to develop PAD. In fact, their risk is on par with pack-a-day smokers, according to the Society of Interventional Radiology.

Evidence abounds as to the diagnostic effectiveness of this simple procedure. Additionally, you may want to request both a “resting” ABI as well as a reading after exercise. A 2006 study published in the *Archives of Internal Medicine* found that combining pre- and postexercise measurements enhances the sensitivity of the ABI and helps identify PAD in patients who would have otherwise been missed.

Just why isn’t such a simple test given more frequently? “The awareness level of PAD just isn’t where we’d like to see it yet,” says Goodman. Both Goodman and Jaeggli stress the need for education. Getting healthcare providers to ask the right questions of their patients and schooling patients not



as arteries in your heart, not just the legs,” he says. “The ABI is a very sensitive marker for blocked arteries anywhere in the body.”

The importance of early diagnosis or prevention can’t be underestimated.

only to speak up about any symptoms they may be experiencing, but also to request an ABI test if they know they have any combination of risk factors.

The importance of an early diagnosis, or better yet prevention, can’t be underestimated. If there is good to come from PAD, says Goodman, it’s that the diagnosis provides a lifesaving warning signal to check for other vascular and coronary heart diseases that often lead to heart attack and stroke. “PAD provides a window to the entire cardiovascular system,” Goodman stresses. “If you have a low ABI, it’s likely your carotid artery [a key artery located in the front of the neck that’s responsible for blood flow from the heart to the brain] is blocked to some degree, as well

What you can do

Not surprisingly, strategies to prevent PAD are similar to those used to control the disorder once it’s diagnosed. (See “Take Control” on page 51.) Heart- and vascular-healthy practices such as regular exercise, quitting smoking, maintaining a healthy weight, and eating a nutritious diet are all important steps recommended by healthcare practitioners to help prevent PAD, as well as all other types of cardiovascular disease.

In addition, Jaeggli often recommends an individualized combination of the following supplements: magnesium sulfate, L-arginine, niacin in the form of inositol hexaniacinate, a basic vitamin B complex, along with additional B6, B12, and folic acid; an omega-3 supplement high in essential fatty acids EPA and DHA, coenzyme Q10 (Co-Q10), and vitamin E (natural d-alpha form) with mixed tocopherols.

“The benefits of all of the above recommendations are study-backed,” says Jaeggli. “However, one of the most important and well-studied PAD-

specific supplements is L-arginine,” she adds. “An amino acid that acts as a free-radical scavenger and has an immediate vasodilating effect to the blood vessels, L-arginine also has the positive long-term effect of helping to inhibit plaque formation.”

Although supplements are extremely safe, “you should always work with your healthcare practitioner to design an individualized therapy program, and the goal should be the minimum dose needed to achieve the desired effect,” Jaeggli cautions. If supplementing with this common amino acid, you may want to ask for a sustained-release preparation. A 2005 study found that sustained-release L-arginine achieved positive therapeutic results with lower daily amounts.

The best advice of all is this: Since PAD is symptom-free, don’t wait for your healthcare provider to suggest a test if you have risk factors; request to be screened. And certainly, if you do have symptoms, don’t shrug them off—your life may literally depend on getting proper treatment. **AM**

Vonalda Utterback, CN, is a certified nutritionist, health writer, and a regular contributor to *Alternative Medicine*.