

Routine Screening for Periphery Artery Disease Is Recommended

Nearly one in three Black adults may develop periphery artery disease, potentially leading to limb amputation and cardiovascular death.

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Experts encourage low-cost, routine testing for people with [peripheral artery disease \(PAD\)](#) to help reduce disparities and health care costs, according to a [new statement](#) from the [American Heart Association](#) (AHA).

PAD causes the arteries that transport blood to the extremities to narrow, often leading to reduced blood supply to the legs, which in turn can result in fatty plaque buildup in the arteries as well as pain, cramping and weakness in the legs and feet when walking, according to the AHA. If left untreated, people with [PAD](#) have a higher risk for limb amputation and death from [cardiovascular disease](#).

Previous research has demonstrated that PAD and its potential consequences disproportionately impact Black, Latino and American Indian people. In fact, nearly one in three Black adults may develop PAD, compared with about one in five Latino or white adults, according to [the AHA](#). What's more, if amputation is required for treatment, Black, Latino and American Indian adults are more likely to experience lower [survival rates](#) and worse quality of life post-amputation compared with white adults.

"This debilitating condition has devastating outcomes, such as major limb amputation, which often leads to lower quality of life and increased disability, and results in social and economic burden for individuals and their families and places an enormous financial burden on the health care system," statement writing group member Carlos Mena-Hurtado, MD, an associate professor of cardiology and director of vascular medicine at Yale New Haven Hospital and Yale University, told the AHA. "High-risk patients should routinely receive low-cost preventive measures. Preventing problems before they occur may help to improve quality of life and reduce health care costs in the long run for people with PAD."

According to the AHA statement, disparities identified include:

- When seeking medical care, Black adults are more likely to have more advanced PAD and are

more likely to undergo leg or foot amputation in comparison to peers who are white adults.

- Compared to white adults, Black, Hispanic and American Indian adults experience lower survival rates and worse quality of life after amputation. People in these demographic groups are also less likely to use a prosthesis to regain the ability to walk and more likely to live in a nursing home.
- People from underrepresented racial and ethnic groups also have an increased risk of death after amputation, with the rate of death within five years ranging from 45% to 60%, depending on the location of the amputation.
- Limited access to health care resources may play a role in differences in outcomes for patients with PAD. Underrepresented, rural and low-income adults are at greater risk of being uninsured and are more likely to seek care at a more advanced stage of the disease compared with white, urban and higher-income adults, which increases the risk for amputation.

Experts suggest implementing a system-wide approach to integrate PAD screening into routine care, improving cultural competence and increasing diversity among health care professionals. They also emphasize the need to improve community education and support programs for those in need.

“It is essential that health care professionals understand the disparities in PAD prevalence and outcomes in order to provide appropriate, evidence-based care and bridge the gaps in the treatment of this diverse patient population,” Mena-Hurtado said. “Health care systems need to optimize cost-effective interventions at every step.”

To learn more, read the [PAD National Action Plan](#), created by the AHA and 25 other organizations, which aims to address health barriers, prevent complications and improve quality of life for those living with PAD.