TALKING WITH PATIENTS ABOUT PERIPHERAL ARTERY DISEASE

This resource is intended to help **improve awareness, detection and treatment of peripheral artery disease (PAD) and guide discussions with patients** to help optimize outcomes. The need for a practice-based discussion guide initially arose from the American College of Cardiology's "Antithrombotic Therapy for the Management of PAD and CAD Forum," which brought together some of the nation's leading cardiologists, vascular specialists, primary care practitioners, and patients. It reflects evolving practice guidelines and new therapies.

These practical tools have been vetted by experts and can be used at the point of care to help encourage renewed attention to PAD detection and treatment and educate patients about the disease and its associated cardiovascular risks, major adverse limb events, and available treatments.

AMERICAN COLLEGE of CARDIOLOGY

TALKING WITH PATIENTS ABOUT PERIPHERAL ARTERY DISEASE

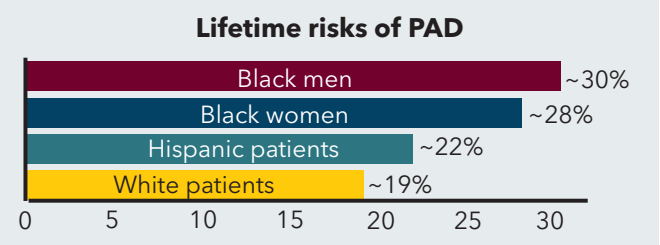
WHAT'S INSIDE

CALL-TO-ACTION: IMPROVE PAD DETECTION AND TREATMENT

Peripheral artery disease (PAD) is a common cardiovascular disease associated with increased risk of amputation, myocardial infarction, stroke, and death, as well as impaired quality of life, walking performance, and functional status.

Still, PAD remains woefully underdiagnosed. Patients with PAD have a higher risk of subclinical coronary artery disease and are at heightened risk of cardiovascular and serious limb events. In addition, many patients with coronary artery disease also have undetected PAD.

There is an urgent need to increase awareness of PAD and to talk to patients about the associated risks. **Use this resource to help improve PAD detection and treatment, and to boost awareness and dialogue.**



PAD BY THE NUMBERS

>230 MILLION
people estimated to have have PAD worldwide

50+
1 IN 20
Americans over the age of 50 have PAD

80+
1 IN 5 WOMEN
1 IN 4 MEN
after age 80

As many as
1 IN 5
patients with PAD have chronic limb-threatening ischemia

Black patients have a
>2-4X
higher risk of amputation (compared with White patients)

50%
EXCESS RISK
of MACE in patients with PAD+CAD compared with PAD alone

> 42%
of patients with CAD also have PAD

WHAT YOU NEED TO KNOW FOR BETTER PAD DETECTION, TREATMENT AND PATIENT EDUCATION

The following present salient challenges and opportunities to raise awareness about peripheral artery disease (PAD) and optimize its diagnosis and treatment. These points may also serve as reminders for your practice.

1. **While a majority of adult patients have heard of a heart attack or stroke, most are unaware of PAD or how it relates to cardiovascular health.**

   There are a number of reasons why:

   - **PAD remains underdiagnosed.** This is due, in part, to a lack of screening, especially in high-risk asymptomatic patients, as well as limited patient education – patients simply don't know to ask their clinician about it.
   - **PAD is very rarely self-diagnosed.** Many patients – up to 59% – are asymptomatic. When PAD symptoms are present, they often mimic those of other conditions, further complicating timely diagnoses. For example, many older people who experience leg pain while walking – a hallmark sign of PAD – will chalk it up to slowing down or getting older. Assessing for functional impairments is important.
   - **Even when a PAD diagnosis is made, we must make time to educate patients about the associated and very serious cardiovascular and limb-related risks.** If a patient has atherosclerosis in their peripheral arteries, it's very likely that it's evident in the coronary arteries too. As clinicians, we need to help connect the dots between PAD and coronary artery and cerebrovascular disease.

   > ! PAD may be the first warning sign of a serious health problem. Be proactive in talking with patients 65 years or older about PAD, especially if they have a history of smoking, diabetes or other co-existing atherosclerotic risk factors or cardiovascular disease. Prompt diagnosis can reduce patients' risk. Recognizing and helping to address health disparities may help improve outcomes for patients.

2. **Screening, early diagnosis and treatment of PAD can vastly improve patients' quality of life, reduce atherosclerotic and limb complications, and save lives. But there is still much room for improvement.** Most patients with PAD have atypical intermittent claudication or are asymptomatic. It's important that clinicians and patients alike not wait for symptoms to show. Doing so will invariably result in missed opportunities for earlier treatment that can:

   - Improve function and activity levels
   - Reduce associated cardiovascular risks, including heart attack, stroke and related death
   - Help spare tissue loss or prevent amputation

3. **Screening for PAD is simple and essential.** Otherwise, we leave patients vulnerable to preventable limb loss, heart attack, stroke, and death.

Know the risk factors

- 65 or older
- Other risk factors for atherosclerosis (e.g., diabetes, any smoking history, hyperlipidemia, hypertension)
- Chronic kidney disease
- Family history of PAD
- Established atherosclerotic disease in another vascular bed (e.g., coronary, carotid, subclavian, renal, mesenteric artery stenosis, or abdominal aortic aneurysm)
- Certain racial/ethnic groups, especially Black patients

Certain factors further heighten the risk for cardiovascular and limb-related risk in people with PAD, including age 75 and older, polyvascular disease, concomitant microvascular disease, depression, social determinants of health, including socioeconomic status, living in rural areas, and depression, among others.

Know the signs and symptoms

- Abnormal lower extremity pulses
- Low ankle-brachial index
- Leg symptoms and functional impairment; few patients have typical claudication
- Asymmetric hair growth on the feet or lower leg
- Thickening or other changes in toenails
- Cool or discolored skin
- Non-healing wounds on the legs/feet
- Walking slowly or using a cane/walker

Simple steps for PAD screening

Do this at every visit:

- Examine legs and feet with shoes and socks removed.
- Check pulses in the leg or groin.
- Assess ankle-brachial index (ABI) in anyone with risk factors or symptoms. ABI is an independent predictor of ischemic events and is relatively quick to perform.
- Ask questions to assess leg pain and other more subtle signs. But remember that PAD often occurs without symptoms.
  - Have you changed the way you walk around and do your daily activities?
  - Are you walking less than you used to?
  - Have you ever had pain in your leg? If so, what were you doing at the time?

! Current or previous tobacco use is a risk factor for heart disease, but it's an even stronger risk factor and red flag to check for PAD. Diabetes is also a concern – 1 out of 3 adults over age 50 who have diabetes also have PAD.

PAD'S 4 CLINICAL SUBGROUPS

Asymptomatic PAD (may have functional impairment)	Chronic symptomatic PAD (including claudication)	Chronic limb-threatening ischemia	Acute limb ischemia

Patients may develop different symptoms over time and move between these.

ASSESSING LEG PAIN – MORE THAN MEETS THE EYE

The hallmark symptom of PAD, for some patients, is pain in the legs with physical activity, such as walking, that gets better after rest. But many patients either have atypical leg symptoms that don't fit the classic definition of intermittent claudication or they are asymptomatic. In fact, studies show up to 4 in 10 people with PAD have no leg pain.

Still other patients may adapt their lifestyle to avoid leg pain without realizing they are doing it. Dig deeper to find out if PAD might be behind these common statements from patients:

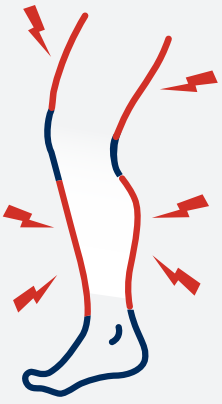
"I'm slowing down and can't keep up with the grandkids as much. I guess I'm just getting older."

"Lately, I prefer to use a scooter at the grocery store."

"I used to have calf pain, but it's not as bad as it used to be."

"I often feel like resting after taking a walk."

"I find it harder to walk as far as I used to, but I'm getting older."



The differential diagnosis for claudication is broad and can include peripheral neuropathy, arthritis (hip, ankle, knee), muscle strain, and nerve entrapment. Consider whether ABI testing is appropriate for your patient to evaluate for PAD.

4. **There are more therapies than ever before for PAD, making diagnosis and early intervention even more important.** Most of these therapies also prevent cardiovascular events or related death and may reduce the risk of amputation. Structured exercise programs and smoking cessation are both critical components of any PAD care plan.

PAD THERAPIES, RISK REDUCTION

Medications

Critical to prevent blockages, major adverse cardiovascular events and major adverse limb events:

- Antiplatelet monotherapy or aspirin (81 mg daily) and rivaroxaban (2.5 mg twice daily)
- Statins and other therapies with proven outcome benefit (e.g., PCSK9 inhibitors, ezetimibe, bempedoic acid) to lower LDL cholesterol to recommended targets
- Antihypertensive medications to lower blood pressure to recommended targets

For symptom improvement:

- Cilostazol to improve claudication symptoms and increase walking distance (note contraindication for heart failure)

Management of diabetes

- Optimize diabetes medications – use of glucagon-like peptide-1 agonists (liraglutide and semaglutide) and sodium-glucose cotransporter-2 (SGLT-2) inhibitors (canagliflozin, dapagliflozin, and empagliflozin) can be effective to lower risk
- Refer to diabetes health educator, if needed

Regular foot care and exams

- Educate patients about examining their feet regularly
- Refer to a foot care specialist for ongoing foot examinations and surveillance

Smoking cessation

- Help patients make a plan for quitting that includes pharmacotherapy (varenicline, bupropion, and/or nicotine replacement therapies) combined with counseling and/or referral to a smoking cessation program

Structured exercise programs

- Patients often have a hard time understanding how exercise helps when it may hurt. But it can improve functional status, walking performance and quality of life.
- Trials show supervised exercise decreases mortality, CV risk factors, and increases exercise capacity and quality of life.
- Check to see if patient is eligible for a cardiac rehabilitation program that includes supervised exercise.

Adoption of healthy habits

- Exercise
- Healthy eating
- Maintain healthy weight

Revascularization (endovascular, surgical, or hybrid)

- Used to prevent limb loss in patients with chronic limb-threatening ischemia
- Option to improve quality of life and function in patients with claudication not responsive to medical therapy and exercise
- In some cases, amputation may be needed.

It's important to educate patients about and involve them in risk reduction strategies throughout the course of their disease; for example, healthy lifestyle habits remain essential even after procedures to open blocked arteries.

5. **Treating PAD is a team effort and requires a patient-centric approach that values the individual's goals and preferences.** Quality PAD care, especially for patients with chronic limb-threatening ischemia, requires close coordination and consultation across multiple disciplines and health professionals. Among others, this may include:

   - Vascular medicine, surgical and imaging specialists
   - Endocrinologists
   - Podiatrists, orthopedic surgeons, or both
   - Physical medicine and rehabilitation clinicians
   - Infectious disease specialists
   - Wound care specialists
   - Smoking cessation counselors
   - Nutritionists, dietitians

6. **Ongoing risk assessment and care are essential. Discussions about PAD should not be limited to a single conversation, but should be revisited over time.** Per current guidelines, all patients with PAD should be followed periodically to assess:

   - Cardiovascular risk factors
   - Limb symptoms
   - ABI testing
   - PAD-related risk amplifiers, including social determinants of health, access to care

SCREENING ASYMPTOMATIC PATIENTS

Some clinicians ask, "For patients who don't have symptoms, what's the benefit of screening for PAD?" Our experts weigh in:

- While patients may not report leg discomfort, research shows that **most people with PAD – even those without overt symptoms – experience noticeable declines in how fast or far they can walk.** They have often already adapted their lifestyle to become less functional and/or pass it off as part of aging. But if we can improve blood flow, we can get them back to activities that matter – going to the grocery store, playing with grandkids, etc. Earlier intervention also means heading off future complications and deleterious limb and cardiovascular outcomes.
- PAD raises the risk for myocardial infarction and cerebrovascular events. What's often misunderstood is the fact that **patients who have asymptomatic PAD have the same cardiovascular risk as those with symptomatic disease.** In addition, cardiovascular outcomes are worse in patients with PAD compared with those who have coronary artery disease because of polyvascular disease and frequent tobacco use. Most of the guideline-directed medical therapies for PAD are meant to prevent these events and related deaths.
- **PAD puts someone at risk of acute limb ischemia.** This is a medical emergency. As with myocardial infarction, time is muscle; if blood flow is not quickly restored, acute limb ischemia can result in amputation or death.

Remember: It's easy to screen for PAD and vital to do so in appropriate patients.

TALKING WITH PATIENTS ABOUT PAD AND CV RISKS

Make it personal

How you approach the conversation about peripheral artery disease (PAD) will depend on:

- Where the patient is in the course of his or her disease (newly diagnosed, stable, etc.)
- If they have mild, moderate or advanced disease
- Previous treatments tried (if they have exhausted medications and are still progressing or have acute manifestations)
- The presence of other cardiovascular risk factors, including smoking, diabetes, high blood pressure, high cholesterol
- Individual goals, concerns and preferences

When talking to patients about PAD and the related cardiovascular risks, it's important to adjust the information and education you give to best meet individual patient's needs. The following concepts can go a long way to build trust.

Deepen your discussions

- ✓ **Show empathy** through active listening; living with a chronic condition – especially one that makes you more vulnerable to other health issues – is never easy
- ✓ **Ask about personal goals** and preferences – what matters most to them as it relates to managing their PAD
- ✓ **Keep explanations simple** and ask them to explain, in their own words, what they heard; a person's health literacy can affect how they seek information and what they recall
- ✓ **Actively involve patients in their care** and treatment decisions, which can lead to better adherence and outcomes
- ✓ **Offer hope** with more treatment options available today than ever before
- ✓ **Anticipate – and make time – for questions** and help by asking "Tell me, how are you feeling?" or "What questions do you have?"
- ✓ **Empower each patient to know they have control**

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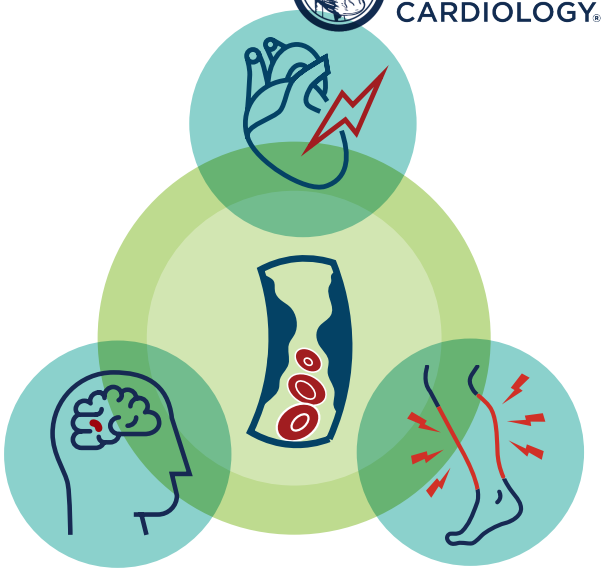
THE BASICS
Explaining PAD



Most patients are familiar with heart attack and stroke. As such, it might be easiest to explain PAD in the context of coronary artery disease. This may also help to set the stage for more in-depth discussions about the related cardiovascular risks, as well as polyvascular disease.

To explain PAD using heart attack as a starting point, you might consider adapting the following language. Be sure to keep it simple and check in to gauge their understanding.

- **You've probably heard of coronary artery disease, even if you don't know it by name. It's often what leads to a heart attack.** It happens when the blood vessels of the heart – arteries that carry oxygen-rich blood to the body and heart muscle itself – become stiff or clogged. This is **usually due to a buildup of cholesterol and fatty deposits in the blood that stick to the inner walls of the arteries** (a process called atherosclerosis). Coronary artery disease usually shows itself with chest pain or even a heart attack if blood flow and oxygen to the heart muscle is blocked or severely limited.
- **This same hardening of the arteries doesn't just happen in the heart.** You also have arteries that carry blood from your heart to your legs, stomach, arms and head.
- When these arteries become clogged, it prevents sufficient oxygen from reaching the tissues and muscles in other parts of the body, most often those in the legs. **Similar to the chest pain that can occur when blood flow to the heart is reduced, pain or cramping in the legs when walking can be a sign that there isn't enough blood flow to the leg muscles. But not everyone has symptoms.**
- In severe cases of PAD, someone can have acute limb ischemia, which is like a heart attack of the leg when blood flow is blocked. This is an emergency and requires immediate medical attention.
- PAD is a serious condition and puts you at greater risk for a heart attack or stroke if it's left untreated. But **there are many treatments available.**

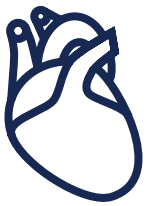
Abbreviated explanation:
Peripheral artery disease, or PAD, occurs when arteries that carry oxygen-rich blood to your limbs, kidneys, stomach and head become narrowed or clogged. This is most often due to extra cholesterol and other fats in the blood that build up along the walls of the arteries. PAD, which most often affects the legs, restricts normal blood flow to the muscles and tissues.

But having plaque in the arteries that supply your legs or arms with oxygen-rich blood means you probably have (or will have) the same in the arteries of your heart and brain, too. This can lead to a heart attack or stroke. But we have more ways to treat PAD than ever before that can also lower the risk of heart disease or stroke.

TALKING POINTS
12 COMMON PATIENT QUESTIONS ANSWERED

Patients share that it is often hard to know where to start when it comes to asking the right questions. There are also many misconceptions about PAD. For example, some patients erroneously think that varicose veins signal PAD or that if they don't have symptoms they don't need treatment or that amputation is inevitable.

The following questions and accompanying suggested language can be used to help you provide easy-to-digest information to help educate and engage patients. Feel free to make adjustments and tailor your messages to meet the needs of individual patients.



1. Does PAD mean I have heart disease too?

Not necessarily. But having PAD is a red flag that you may have similar narrowing or blockages in other arteries, including the ones that supply your heart and possibly the brain. PAD, which most often occurs in the arteries of the legs, gives us a "window" into atherosclerosis that may be lurking elsewhere in the body, including the heart.

Because clogged arteries in the legs means you are at greater risk for heart attack and stroke, your treatment plan should also center on protecting your heart health. Every person is different, but we can accomplish this through:

- Lifestyle choices – eating a heart-healthy diet, not smoking, staying active. Walking, which may be painful for some, is known to help over the long term
- Carefully managing other conditions – diabetes, high blood pressure and cholesterol
- Medications that, often together, can lower the chance that a heart attack or stroke will happen

2. Are varicose veins the same as PAD? Is deep vein thrombosis (DVT) the same as PAD?

No. Your venous system (veins) is different from your arterial system (arteries). PAD affects the arteries deep in your leg that carry oxygen-rich blood from your heart. The veins bring the blood from your legs back up to your heart. Varicose veins are swollen, purple veins in the legs that are visible under the skin. Deep vein thrombosis (DVT) is a blood clot inside the veins of your legs.

Common patient questions answered *(continued)*

3. What does PAD look and feel like?

Not everyone has or will report symptoms, which is why PAD is often missed. Depending on the severity, symptoms can range from:

- Leg pain or a heavy feeling when walking that goes away once you stop; the pain may be in the calf, buttock, hip, or thigh (this is called claudication in medical terms)
- Severe pain that continues when you rest or bothers you when sleeping
- Wounds on the feet or leg that won't heal
- Pale or blue-looking skin color
- Numbness or decreased sensation in your feet

Some people will just notice that they can't walk as fast or as far as they used to.

4. I don't have symptoms, so I don't have to worry.

Whether or not you notice symptoms, having PAD can be a red flag for other problems, including heart disease, heart attack or stroke. We will work together to map out a treatment plan that aims to:

- Stop or slow your PAD from getting worse and ease any symptoms to improve what you can do
- Lower your cardiovascular risk – we know that if you have blockages in your legs (or arms), you likely have or will have blockages elsewhere, including within the arteries that supply oxygen to your heart and brain
- Prevent tissue injury or limb loss

Finding and treating PAD early can help minimize its impact on your heart and limbs.

Common patient questions answered *(continued)*

5. How is PAD diagnosed?

Screening is easy and painless. It begins with a physical exam. We also look for things like whether:

- Your pulse is not as strong as it should be in your legs/feet (we can feel pulses on the top of your feet, at your ankle, behind your knee or in your groin)
- Your blood pressure at your ankle is lower than in your arm (this is called your ankle-brachial index, or ABI, and can show how well blood is flowing in your limbs)
- You have other medical issues or risk factors that are linked to PAD; for example, diabetes, high blood pressure or smoking
- You are having symptoms such as leg pain or skin problems (for example, any redness, sores or cuts that won't heal, or skin color changes on your legs or feet)

6. What can be done? Can PAD be reversed?

PAD typically develops over many years. You can't reverse it, but medications, exercise and other heart-healthy habits, including not smoking, can help relieve symptoms and prevent or slow PAD from getting worse.

The goal will also be to lower the likelihood that you will have coronary artery disease (blockages in your heart's arteries), a heart attack, stroke or lower limb injury – all of which are more likely with PAD.

Controlling other risk factors for stroke and heart disease is also important:

- Staying on top of your diabetes, if you have it, and blood sugar levels
- Getting your cholesterol and blood pressure to a healthy level

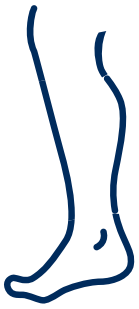
Common patient questions answered *(continued)*

7. If I have PAD, what steps can I take to treat it?

Your treatment will depend on a number of factors, including how early or advanced your PAD is, as well as your goals for your care. Treatment for PAD usually involves:

	Getting more exercise – ask about starting a supervised exercise program at a local clinic or hospital or a community-based exercise program if you have related leg pain as your insurance may cover it
	Quitting smoking – smokers are up to twice as likely to develop PAD and most procedures for severe limb symptoms are in current smokers
	Eating heart-healthy foods
	Getting to a healthy weight if you are overweight or obese
	Managing other risk factors, including your blood pressure, cholesterol, and blood sugar levels
	Taking medications as prescribed
	Examining your legs and feet for sores that won't heal, any blue or pale-looking skin color, loss of hair growth, etc.
	Easing stress and taking steps to feel more in control – that might mean talking to someone else living with PAD, doing yoga, keeping a journal or finding other ways to reconnect with what matters
	Keeping all follow-up visits and letting your care team know if you have difficulty 1. getting to your appointments or having lab work done or 2. following your treatment plan for any reason (for example, cost of medications, side effects, getting to and from appointments, etc.)
	Surgery to open blocked arteries is an option if medications and lifestyle changes are not enough

Common patient questions answered *(continued)*



8. Does having PAD mean I will lose my leg? I have diabetes too. Should I be extra careful about my foot health?

If untreated, PAD can result in a loss of a leg (called amputation). But this is much more likely in people with advanced disease. Sometimes PAD can cause critical limb ischemia. This is like a heart attack in your leg. It's when plaque buildup gets so bad that it stops blood from flowing. This can result in tissue loss, amputation or death. People who have PAD and diabetes, which affects circulation in the legs and feet, are also at greater risk of amputation.

You can lower the risk of tissue damage or limb loss by carefully following your treatment plan. As a reminder, it's good idea to:

- Examine your feet and legs for sores or changes in skin color or temperature
- Wear sensible shoes to protect your feet and avoid injury
- Quit smoking and avoid secondhand smoke
- Keep diabetes under control, if you have it

9. Walking hurts. Shouldn't I listen to my body and just rest? How do I know when it's safe to "work through the pain" and when I should stop and rest?

If leg pain comes on with walking or other exercise and subsides when you stop, it's OK. In fact, patients taking part in supervised exercise programs that are specifically designed for PAD are encouraged to walk until they develop moderate to severe pain.

Pain is only dangerous if it occurs when you stop and rest or when you elevate your legs. This is a sign that the artery in your leg may be blocked (think "leg attack" similar to a "heart attack" and time is muscle), in which case you will need a procedure to open up the affected artery and restore blood flow.

10. How does exercise help PAD?

Sometimes PAD makes it hurt to walk. This may make it harder to do the activities that matter to you, like shopping independently and enjoying time with friends and family.

But getting exercise and moving your body is one of the best ways to treat PAD. Studies show exercise can be as effective as medicines or surgeries for managing PAD. It can also help improve how far you can walk and has favorable benefits for the heart.

Exercise is thought to help with PAD by:

- Improving blood supply in your limbs
- Helping your blood vessels work better
- Changing the way your muscles use oxygen

Common patient questions answered *(continued)*

11. What is a vascular specialist?

Vascular medicine specialists and surgeons are trained to treat blood vessel diseases and restore blood flow.

They work together with other members of your care team to determine the best course of treatment, which is a combination of healthy habits and medications for most people. They also help care for people with advanced forms of PAD who may need procedures to unblock arteries with stents or balloons or create bypasses around the blocked artery.

12. When should I contact my health care team?

It's a good idea to let your care team know if you have pain or weakness in your legs at rest, open sores that won't heal, chest pain, shortness of breath, or tingling or coldness in feet. If the distance you can walk starts to decrease, also let your care team know.

IMPROVING OUTCOMES: 5 TIPS FOR ENGAGING PATIENTS IN THEIR CARE

1. **Check in to be sure they understand peripheral artery disease (PAD) and how it affects their overall health and mobility.**

   Can they reasonably repeat back what PAD is and how it relates to coronary artery disease, heart attack and stroke, and what to expect? Help to empower them to actively participate in their care.

2. **Develop or adapt treatment plans to align with personal goals and preferences.**

   One of the best ways to engage patients in their care is to understand their specific goals for care and tailor treatment plans to address them.

   It can be helpful to ask:

   - When it comes to treating PAD, what matters most to you?

   If you need help moving the conversation along, you might ask:

   - Are your main goals to: be able to be more active again, avoid limb loss (amputation), lower the risk of a future heart attack or stroke and live longer?
   - If you had less pain or discomfort in your legs, what would you most want to be able to do or get back to doing?

   - Since your last visit (if applicable), what is most concerning about your PAD diagnosis, treatment or the other health risks that come with it?

   Reinforce how important it is to report new or worsening symptoms in between visits.

   - Have you had new or greater difficulty meeting daily tasks or exercising?

3. Review each medication and why it is being prescribed.

Medications coupled with lifestyle changes are the foundation for PAD and cardiovascular risk management. Research shows that when patients understand how they benefit from their medications, they are more apt to adhere to their treatment regimen.

When presenting new drug options, here are some of the questions patients and their caregivers often ask:

- The specific drug name (be sure to spell it out for patients and let them know the generic names as well)
- How does this medicine work for PAD and are there any other benefits? (Studies show that when patients understand how a medication works and why they need it, they are more adherent.)
- How might it help me feel better?
- What side effects should I be aware of?
- How I should take it? (How often? At what time of day? With or without food? What to do if I miss a dose?)
- Does it interact with other medications or food?
- How quickly will it work?
- How much will it cost?

4. Identify and help patients resolve barriers that may prevent them from adhering to their treatment plan.

You might ask whether there are aspects of their treatment plan that worry them or that they find difficult. For example, take the time to:

- Find out if the patient is a current or former smoker. Ask about smoking cessation efforts to date, if applicable, and provide additional support. Keep in mind that patients will often fail several times before successfully quitting.
- Ask about any concerns they have about their medications. For example, you might ask:
  - "Are you having trouble getting or paying for your medications?"
  - "Do you think any of your medications make you feel worse, not better?"
- Inquire about how they are coping generally and suggest strategies to help.
- Learn about other challenges or life demands that may play a role, including work, caring for others, difficulty participating in supervised exercise programs, or getting regular physical activity, or not being able to get to appointments.

5. Provide opportunities to interact with patients in between visits, if possible.

For example, use telehealth checkups, patient portals, email or text reminders to promote treatment adherence and healthy lifestyle habits. These touch points also give patients additional entry points to share challenges.

HELPFUL RESOURCES FOR YOUR PATIENTS

It is important to encourage open and ongoing dialogue about peripheral artery disease (PAD) and the associated risks for heart disease and stroke. Again, efforts to educate patients about PAD and cardiovascular risk should also be guided by their individual preferences and priorities.

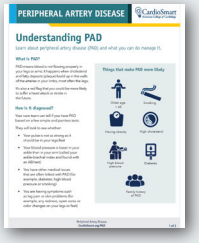
Below are several resources developed by the American College of Cardiology that can be used to help identify patients who warrant PAD screening, answer common questions and dispel myths, and establish individual treatment priorities.

What Is PAD?
This two-page handout educates patients about who gets PAD, what it feels like, and how to find out if you have it.

What Comes Next? Managing PAD and Other Risks
An overview of available options to treat PAD that helps patients prioritize their care plan.

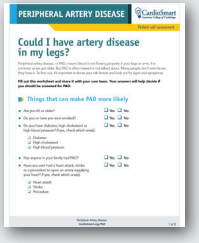
Peripheral Artery Disease
Use this infographic to help explain PAD to your patients.

PAD: Power of Exercise
This one-pager explains supervised exercise programs and the benefits of physical activity.



Understanding PAD
A general handout about PAD – what it is, key risk factors, signs and symptoms, what to expect, and steps to manage it.

Common Questions about PAD
To help answer questions that many patients have and correct misinformation.



Could I Have Artery Disease in My Legs? PAD self-assessment
A patient worksheet on vascular health, including risk factors for PAD to help identify who should be screened for PAD.