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Avoid a "Broken Heart" by Seeing an Interventional Radiologist

Early Warning Symptom for the #1 Killer of Women Is Under-Recognized—Peripheral Arterial Disease

Heart disease is the #1 killer of women in the United States. Peripheral arterial disease (PAD)—clogged or narrowed arteries in the legs—is a red flag that the same process may be going on elsewhere because PAD is associated with other life-threatening vascular diseases. Through early detection, interventional radiologists can save women from future stroke, heart attack, and early death. To combat this major public health issue, the Society of Interventional Radiology recommends greater screening efforts by the medical community through the use of the ankle brachial index (ABI) test.

Like heart disease, peripheral arterial disease is under-recognized in women. According to a survey of primary care physicians conducted in 2002, nearly all recognized that older people are more susceptible to PAD, and identified men as being susceptible to PAD. However, they mostly excluded women as likely to have PAD, which is incorrect.¹ The prevalence is actually equal on the diagnostic ABI test.³ As vascular experts, interventional radiologists are partnering with primary care physicians to increase early screening.

Twelve to 20 percent of Americans older than 65 suffer from peripheral arterial disease but only one-third are symptomatic. Symptoms can include pain when walking that subsides at rest, leg cramps, pain at rest, numbness and skin discoloration, sores or other symptoms of skin breakdown. Women may be more likely than men to have PAD without experiencing symptoms; 50 to 90 percent are asymptomatic or have unrecognized symptoms of the disease, which could put them at greater risk of developing serious disease before it is diagnosed and treated.³ Specifically, women are also less likely to have intermittent claudication symptoms, i.e., pain when walking that subsides at rest.

However, identifying PAD while asymptomatic may be life-saving for women, since it allows the easy, cheap identification of a systemic disease that may be treated. Treatment may greatly influence the woman's outcome. These treatments may include further investigation into the state of disease in the coronaries, which could lead to heart disease, and carotids, which could lead to stroke, as well as the legs, and treating the significant areas of blockage that are found. Treatment with lifestyle modification and medication may slow the natural advancement of the disease.

Risk for Heart Attack, Stroke and Death

The ABI, a comparative blood pressure reading in the arm and ankle, is used to screen for peripheral arterial disease. It is a direct measure of fatty plaque buildup in leg arteries and an indirect gauge of plaque accumulations throughout the entire cardiovascular system. Because atherosclerosis is a systemic disease, women developing plaque in their legs are likely to have plaque building up in the carotid arteries, which can lead to stroke, or the coronary

arteries, which can lead to heart attack. Early detection of PAD is important because these women are at significantly increased risk, and preventive measures can be taken.

- Women with PAD have four times the risk of heart attack and stroke.³
- A person with an ABI of 0.3 (high risk) has a 2 to 3 fold increased risk of 5-year cardiovascular death compared to a patient with an ABI of 0.95 (normal or low risk).

Legs for Life[®] Data and Gender Differences

The influence of gender on PAD has not been studied and is not defined in the medical literature. However, there is some data collected by the Society of Interventional Radiology Foundation through its Legs For Life[®] national PAD screening program. From 1999 to 2002, 3,762 people were screened: 2,786 (74%) women and 976 (26%) men. Of the women screened, 1,067 (38%) were at moderate to high risk for PAD compared to 284 (29%) of men screened. Neither smoking nor diabetes was an independent risk factor for PAD by gender, i.e., the risk of having PAD for smokers and diabetics was similar, in both males and females.

Legs For Life has been successful at attracting women to free screenings and is identifying previously under-diagnosed women who are at moderate to high risk for PAD. This SIR Foundation program provides the opportunity to identify asymptomatic and symptomatic women earlier, allowing women to benefit from the same aggressive approach to risk reduction and treatment as men.

Providing a list of risk factors for PAD to women may enable them to be more active in their health care and seek an ABI test and consult with an interventional radiologist to be assessed for vascular disease.

Get Tested for PAD If You:

- Are over age 50
- Have a family history of vascular disease, such as PAD, aneurysm, heart attack or stroke
- Have high cholesterol and/or high lipid blood test
- Have diabetes
- Have ever smoked or smoke now

About Interventional Radiologists

Interventional radiologists are board-certified physicians who specialize in minimally invasive, targeted treatments performed using imaging for guidance to treat diseases nonsurgically through the blood vessels or through the skin. By combining diagnostic imaging expertise with advanced procedural skills, interventional radiologists perform minimally invasive treatments that have less risk, less pain, and less recovery time than open surgery. Interventional radiologists pioneered minimally invasive modern medicine with the invention of angioplasty and the catheter-delivered stent, which were first used to treat peripheral arterial disease. More information can be found at www.SIRweb.org.

For a copy of the Society of Interventional Radiology's new sourcebook on interventional radiology email Comm@SIRweb.org.