With SUPERVISED EXERCISE For INTERMITTENT CLAUDICATION
When Is Angioplasty/Stenting Needed: Never? Rarely?

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Disclosures

• I have nothing to disclose

SVS Guidelines for Claudication

Supervised vs Home-based

Methods

- PubMed (MEDLINE), EMBASE, AMED, and Scopus) searched with the PRISMA selection process (COCHRANE)
- Network Meta-analysis of Supervised Exercise Therapy (SET) & Angioplasty/Stenting (PTA)
- Bayesian fixed effects model (WinBUGS)

Included studies

- 37 clinical trials (3 were multi-arm trials) with 2,531 claudicant patients
- Best medical therapy (BMT) vs SET vs PTA vs PTA+SET
- Endpoints: Maximal Walking Distance (MWD) improvement
- Short term (3-6 months) & long-term (>12 mon)
Angioplasty/stenting should be COMBINED with Supervised Exercise Therapy if possible

J Vasc Surg 2015;61:2S-41S
Guideline recommended healthcare gaps in claudicants

- Smoking cessation <25%
- Lipid lowering agents <25%
- Antiplatelet therapy <25%
- ACE inhibitors / ATII antagonists 25-50%
- Beta blockers 50-75%
- Supervised exercise therapy >75%


Conclusion

Combined SUPERVISED EXERCISE and Angioplasty/Stenting for INTERMITTENT CLAUDICATION is at least TWICE as effective

Thank You