DEBATE -
Exercise And Medical Therapy Are The Best Treatment For Almost All Patients With Intermittent Claudication

Erich Minar
Medical University Vienna

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Disclosure
Speaker name:
Erich Minar

I do not have any potential conflict of interest

Guidelines

Therapeutic strategies in PAD

Clinical stage

asymptomatic
Claudication
CLI

conservative

Revascularisation

Therapy in patients with PAD has two main goals:

1. improvement of prognosis and survival
2. improvement of symptoms and quality of life.
Effect of Ramipril on Walking Times and Quality of Life Among Patients With Peripheral Artery Disease and Intermittent Claudication. A Randomized Controlled Trial

Ahimastos et al; JAMA. 2013;309(5):453-460

Conclusions and Relevance
24-week treatment with ramipril resulted in significant increases in pain-free and maximum treadmill walking times compared with placebo.

Limitations to training therapy
- Muscular, arthritic, or neurological diseases
- Cardio/respiratory diseases

The widespread implementation of SET in clinical practice is restricted due to a variety of reasons
- Insufficient number of available facilities
- The need to travel to clinics for supervision
- Issues of reimbursement

Management of intermittent claudication

Supervised exercise therapy versus non-supervised exercise therapy for intermittent claudication.

Bendermacher BL et al; Cochrane Database Syst Rev 2006;

Home-Based Walking Exercise Intervention in Peripheral Artery Disease. A Randomized Clinical Trial

McDermott et al; JAMA 2013;310(1):57-65

Recommendation: Clinical practice guidelines should advise clinicians to recommend home-based walking programs for patients with PAD who do not have access to supervised exercise.

J Am Heart Assoc. 2011
Therapy in patients with PAD has two main goals:

1. Improvement of prognosis and survival
2. Improvement of symptoms and quality of life.

Treatment of claudication
Exercise training vs PTA

Improvements in technique and technology

IRONIC Trial (Invasive Revascularization Or Not in Intermittent Claudication)
Nordanstig J et al; Circulation 2014; 130: 939 – 47

Conclusion:
Whether an invasive strategy is to be recommended to a broader group of claudicants in general healthcare warrants longer follow-up and health-economic assessments.
How would you treat this patient with claudication?

Conservative?
(exercise program, BMT)
Endovascular revascularisation?
Open surgery?

Stop smoking and keep walking

Consultant Physician Clinic for Peripheral Vascular Diseases
Royal Infirmary of Edinburgh,

Stop smoking, use BMT and keep walking

Consultant Physician Clinic for Peripheral Vascular Diseases
Royal Infirmary of Edinburgh,