Peripheral arterial disease (PAD) affects 20% of people over 55 years old.

Mortality to cardiovascular diseases in Finland at 30 years.

However, ABI is falsely high in patients with diabetes and up to 40% of the patients with CLTI.

Benefits of measuring toe pressure:
- In the digital arteries, media sclerosis is minimal and thus toe pressure is more reliable than ABI in patients with media sclerosis.
- Swelling or ulcers of the ankle do not alter the results.
- Provides information on the vascular status of the foot.

References:
This study compared AP, STP, and TcPO2 for the prediction of major amputation. In the whole sample the best method was STP.

**Conclusions**

In patients suspected of having CLI, AP should no longer be used and should be replaced by STP in order to predict the risk of major amputation.

**Predictive value of AP, ABI, TP, TBI**

720 symptomatic patients

Toe pressure was better predictor for 36-month amputation-free survival than AP or ABI.

**Explore the relationship between ankle brachial index and survival and toe pressure and survival and the impact of statin and clopidogrel medication on survival**

**Normal ABI (0.9-1.3)**

**Association of ABI and TP to survival**

**TP and survival when ABI is 0.9-1.3**
Many patients who have normal ABI have decreased toe pressure and PAD and increased risk for cardiovascular mortality.

Statin, clopidogrel and prasugrel from Social Insurance Institution

Statin purchase (52%)
Conclusions

Toe pressure is more reliable than ABI when evaluating the severity of peripheral arterial disease and the cardiovascular risk of a patient. Further research on optimal cutoff values of toe pressure needed to recognise the patients at risk.

Patients with all levels of PAD benefit greatly from statin medication. Problem of medication underuse needs to be addressed.

Thank you.