PAD patients have no increased mortality risk compared to patients with similar level of health.

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| Challenge | **Compare outcomes in patients with peripheral artery disease (PAD) (without chronic limb threatening ischemia or acute ischemia) to those in matched controls from the general population within an integrated healthcare setting with population-based chronic disease management.** |
| Existing Evidence | PAD patients have high risk of adverse outcomes including mortality, hospitalization, amputation, and cardiovascular events but data has never been compared to a population with a similar level of health or within a program with robust population health measures. |
| Target Population | Adult patients at KP NCAL with and without PAD matched to similar levels of health |
| Intervention or Exposure | Diagnosis of PAD |
| **Outcomes/Key Findings** | **PAD patients have an increased risk of major adverse vascular events (MAVE) but no increased risk of all-cause mortality at 5 years when compared to control population.** Freedom from MAVE was 60% for PAD and 78% for controls (p<0.01). There was no increased risk of all-cause mortality at 1,3,5 years. PAD patients were at increased risk for amputation at 1,3,5 years and increased risk for heart attacks and strokes at 3 years. |
| **Resulting Action/Change** | **Greater vigilance for PAD patients to ensure appropriate goal directed risk factor modification to further improve outcomes in this high-risk population** |
| Additional Recommendations | Modify LDL and A1C goals, implement supervised exercise therapy programs, lifestyle medicine enrollment, smoking cessation programs, antithrombotic therapy, screen patients at risk for PAD |
| Implementation Tools | Communication with existing population health programs focused on risk factor modification as well as alerting AFM, vascular surgery, cardiology, podiatry, diabetes care, lifestyle medicine |
| Implementation Measurement | Compliance and adherence to population health measures as well as measuring response to interventions |
| Reference |  |