## PAD Clinical Exam Isn't Enough

Physicians current diagnostic models utilizing only physical examination and patient history leave a significant portion of the patient population with PAD underdiagnosed.<sub>(1,2)</sub> This is due to the large portion of the PAD patient population that is asymptomatic (greater than 75% or 3/4 of patients with PAD) and therefore do not show classic symptoms.<sub>(4)</sub> It is recommended that patients at high risk for PAD be tested with an ABI.<sub>(3)</sub>

PAD testing with ABI has a greater diagnostic accuracy than clinical examination techniques alone.<sup>(1)</sup> Smart-ABI uses gold standard pressure cuffs and pulse volume recordings to create comparable sensitivity and specificity to Doppler with a 5 minute patient throughput.

IN CONCLUSION, the clinical exam cannot accurately diagnose patients with PAD.<sup>(1)</sup> In order to better diagnose and serve your PAD patient population consider testing everyone at risk (two or more comorbidities as defined by the AHA or ADA) with a tool like the Smart-ABI. Conservatively, if your practice is currently referring 6-10 symptomatic patients per month, it is reasonable to expect to test at least 40 patients per month with the Smart-ABI.



<sup>(1)</sup> Khan NA, Rahim SA, Anand SS, Simel DL, Panju A. Does the Clinical Examination Predict Lower Extremity Peripheral Arterial Disease? JAMA. 2006;295(5):536–546. doi:10.1001/jama.295.5.536

<sup>(2)</sup> Hirsch AT, Criqui MH, Treat-Jacobson D, et al. Peripheral Arterial Disease Detection, Awareness, and Treatment in Primary Care. JAMA. 2001;286(11):1317–1324. doi:10.1001/jama.286.11.1317

<sup>(3)</sup> American Diabetes Association Standards of Medical Care in Diabetes – 2015 Abridged For Primary Care Providers Clin Diabetes. 2015;33(2):97-11 (ISSN: 0891-8929)

<sup>(4)</sup> Makdisse M, Pereira Ada C, Brasil Dde P, Borges JL, Machado-Coelho GL, Krieger JE, Nascimento Neto RM, Chagas AC; Hearts of Brazil Study and Peripheral Arterial Disease Committee of the Brazilian Society of Cardiology/Funcor. Prevalence and risk factors associated with peripheral arterial disease in the Hearts of Brazil Project. Arq Bras Cardiol. 2008 Dec;91(6):370-82.

## **Paradigm Shift in Patient Selection**

There has been a paradigm shift in the patient selection criteria for testing patients for Peripheral Arterial Disease (PAD). Published literature suggests clear justification that it is medically necessary to test all patients at high risk for PAD.(1,2) This includes patients with 2 or more comorbidities. Utilize the Smart-ABI 15 point (CPT code documentation) patient questionnaire at intake.



It is reported that 75% of patients with PAD are asymptomatic.(3) The PARTNERS study found that 29% of high-risk patients were diagnosed with PAD.(4)

Therefore, for every 1 symptomatic patient within a practice there are 4

patients with PAD (3 asymptomatic). Hence, in order to capture every patient in your practice with PAD, it can no be determined medically necessary to test at least 10 high risk patients per every 1 symptomatic patient.

(2) Socriety for Vascular Surgery practice guidelines for atherosclerotic occlusive disease of the lower extremities: Management of asymptomatic disease and claudication Conte, et al. Journal of Vascular Surgery Volume 61, Number 3S

(3) Makdisse M, Pereira Ada C, Brasil Dde P, Borges JL, Machado-Coelho GL, Kriger JE, Nascimento Neto RM, Chagas AC; Hearts of Brazil Study and Peripheral Arterial Disease Committee of the Brazilian Society of Cardiology/Funcor. Prevalence and risk factors associated with peripheral arterials disease in the Hearts of Brazil Project. Arq Bras Cardiol. 2008 Dec;91(6):370-82.

<sup>(1) 2011</sup> ACCF/AHA Focused Update of the Guideline for the Management of Patients With Peripheral Artery Disease (Updating the 2005 Guideline) Rooke, et al. Circulation. 2011;124:2020-2045

<sup>(4)</sup> Hirsch At, Criqui MH, Treat-Jacobson D, Regensteiner JG, Creager MA, Olin JW, Krook SH, Hunninhake DB, Comerota AJ, Walsh ME, McDermott MM, Hiatt WR. Peripheral arterial disease detection, awareness, and treatment in primary care. JAMA. 2001 SEP 19;286(11)