

13. Results of a Community Screening Program Reveal the Prevalence of Undiagnosed Peripheral Arterial Disease

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OBJECTIVES: Asymptomatic Peripheral Arterial Disease (PAD) continues to be underdiagnosed despite convincing evidence that the presence of PAD is associated with an increased risk of all cause mortality. To identify the prevalence of PAD in our community, we initiated a free PAD screening program to Assess the risk of Stroke, Aneurysm and Peripheral Arterial Disease (**A.S.A.P.**).

METHODS: A.S.A.P. is a free vascular screening program to identify carotid, abdominal aortic aneurysm (AAA) and lower extremity PAD conducted by an ICAVL approved vascular lab. Eligibility includes age greater than 50 with at least one of the following risk factors: hypertension, diabetes, smoking history, heart disease, hyperlipidemia, family history of vascular disease or end-stage renal disease. Eligible patients receive bilateral carotid duplex, abdominal duplex and bilateral ankle-brachial index (ABI) evaluations. Results are classified as normal, abnormal or inconclusive with AAAs considered > 3cm. Further subclassification of disease in the carotid and lower extremity evaluations are as follows: carotids: 1-19% minimal, 20-40% mild, 50-79% moderate, 80-occluded severe; ABIs: 0.7-0.9 mild, 0.4-0.69 moderate, 0.39 or less- severe.

RESULTS: To date, a total of 1,142 patients have been screened. 39 patients were found to have moderate to severe carotid disease (3.4%), 19 patients had AAAs (1.6%) and 23 patients had moderate to severe PAD (2%). 55% of patients were identified as having mild or greater carotid disease, lower extremity PAD or AAAs, while a total of 7% were found to have moderate to severe disease.

CONCLUSIONS: Vascular screening is an effective way to identify occult vascular disease and to promote vascular awareness. While asymptomatic patients may not need surgical or endovascular intervention, they would likely benefit from vascular specialist intervention for education, risk factor modification, evaluation of disease progression and timely intervention when warranted. Additional studies to address the cost to benefit ratios are needed to determine if wide spread vascular screening programs should be initiated.