



# Peripheral Artery Disease (PAD)

## Underwriting Dialogue

### Characteristics

Peripheral artery disease (PAD) affects over 8 million people in the United States and over 200 million people worldwide.

PAD is most commonly caused by atherosclerosis. Smoking and diabetes are the strongest risk factors for PAD. Other risk factors include increasing age, hypertension, hyperlipidemia, and chronic kidney disease. PAD has similar risk factors as coronary artery disease and cerebrovascular disease, conditions which often coexist in people with PAD.

### Symptoms

A classical symptom associated with PAD is intermittent claudication, which is a cramping or aching discomfort in the lower extremities, most commonly in the calves, due to inadequate blood flow. These symptoms are brought on by activity and resolve with rest. However, only a minority of people with PAD will experience intermittent claudication. Most are either asymptomatic or experience a variety of other symptoms.

A small percentage of people will have PAD that is severe enough to cause critical limb ischemia, which may result in lower extremity pain at rest, ulceration, and gangrene.

### Screening and Diagnosis

Some findings that may be noted on the physical examination of people with PAD include decreased or absent pulses, bruits over the involved arteries (sounds caused by blood flow through the diseased areas), loss of hair, pallor, cyanosis (bluish discoloration due to inadequate blood flow), smooth shiny skin, and cool skin.

The ankle-brachial index (ABI) is commonly used to screen for PAD. The ABI is the ratio of the systolic blood pressure in the ankle to the systolic blood pressure of the brachial artery in the upper extremity. Both a low and an elevated ABI may indicate PAD: the former due to narrowing or stenosis of the artery and the latter due to the presence of calcified noncompressible arteries. Ratios between 100% and 130% are commonly accepted as normal. Ratios below 90% are considered abnormal while ratios between 90% and 100% are considered borderline.

A number of other tests may be used to help diagnose PAD, some of which include measurement of the ABI with exercise, arterial Doppler ultrasound, magnetic resonance angiography, computed tomographic angiography, and contrast angiography.

### Treatment

A number of treatments may be prescribed for people with PAD, possibly including medications, exercise therapy, and revascularization. Management of cardiovascular risk factors is important. Revascularization may be accomplished via a percutaneous endovascular procedure or an open surgical procedure. Amputation may sometimes be necessary for severe PAD that is refractory to other interventions.

PAD is associated with an increased mortality risk, largely due to coexisting coronary artery and cerebrovascular disease.

## Underwriting Peripheral Artery Disease

**Applicant 1** is a 72 year old with a history of claudication that was diagnosed two years ago. The symptoms are stable, the applicant is well followed, and medications include a statin and antiplatelet agent. A recent treadmill was negative for ischemia with a favorable workload.

*This applicant could qualify for Standard Plus*

**Applicant 2** is a 60 year old who had lower extremity angioplasty one year ago for symptomatic peripheral vascular disease. The applicant is currently asymptomatic, well followed, and is compliant with all prescribed medications. *This applicant could qualify for Table 4*

**Applicant 3** is a 50 year old who smokes, has claudication, coronary artery disease, and diabetes. *This applicant would be declined.*



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