

Keeping in circulation

the official newsletter of the Vascular Disease Foundation



VASCULAR DISEASE
FOUNDATION

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our mission

The Vascular Disease Foundation's mission is "To reduce the widespread prevalence and affects of Peripheral Arterial Disease (PAD) by increasing public awareness of the benefits of its prevention, prompt diagnosis and comprehensive management."

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LIVING WITH VASCULAR DISEASE

"I suppose I have a borderline case," he said after having another ankle-brachial index test and watching his doctor and nurse exchange glances. "No," replied his doctor. "You definitely have peripheral arterial disease. We just need to decide exactly what is best to do about it in your case."

Thus began a change in lifestyle for Mike Falink. But more than three years later, he says it was well worth it. His advice to others is to do the same. His story is proof that it is possible to live successfully with PAD without a lot of drugs or operations.

Mike knew something was wrong seven years ago when he began having problems walking. The pain in his legs only grew worse and kept him from participating in many activities. "It felt like a dull toothache, even when resting or doing nothing," he said once the pain became constant. His regular physician conducted Doppler blood flow studies on his legs. The pulse readings were good; causing the doctor to merely shrug his shoulders without an explanation. Mike began to believe he was going to have to tough it out and hope it would eventually get better.

This wasn't Mike's first experience with health problems. He had his first heart attack in 1979 and a second one in 1982. In 1986 he had a quadruple bypass. Unfortunately, years of heavy

smoking likely contributed to much of Mike's heart and vascular problems. He quit smoking entirely in 1985. He also has had Type 2 diabetes for years. Coincidentally, it was while waiting in his endocrinologist's office that he read a pamphlet describing the symptoms of Peripheral Arterial Disease (PAD). Mike knew he had almost every one of them and brought them to his doctor's attention. He was referred to a vascular clinic where he was given an ankle-brachial index test (ABI), followed by other non-invasive examinations. Being diagnosed with PAD stirred up many feelings in Mike—relief to know the pain wasn't imaginary combined with the anxiety of knowing that getting and feeling better would not be easy.

“In the News”

National Institutes of Health Conference

Executive Director, Sheryl Benjamin, was invited to attend the Public Interest Organization Meeting organized by the National Heart Lung and Blood Institute, which is part of the National Institutes of Health. Held near the NIH campus in Maryland, the meeting had representatives from nearly 60 organizations. Discussions focused on how the organizations and NHLBI can better support research, get the message out about various diseases and promote high quality clinical studies.

Learning from the experiences of other organizations, and sharing ideas and meeting NHLBI staff were key elements from the meeting according to Ms. Benjamin.

The highlight of the meeting for the Foundation was the initiation of plans to collaborate more specifically with NHLBI. We are deeply grateful to Dr. Claude

Lenfant, director of the NHLBI and a member of our Board, for his help in establishing a joint NHLBI and Vascular Disease Foundation Board meeting this summer to discuss collaboration



opportunities. Inasmuch as PAD alone affects between 8 and 12 million Americans, we are seeking to develop a long-term national plan to assure improved public awareness of the risks and treatments that can prolong life and decrease suffering.

Grants Received

The Vascular Disease Foundation was recently awarded two grants to support a PAD Awareness Campaign. This Campaign will launch in the fall in Colorado—giving our staff an up-close experience in running and managing the entire process. We will offer screenings and information through several sites plus provide radio and television announcements that inform people about PAD. We thank the Rose Community Foundation and the Melvin and Elaine Wolf Foundation for their support of this campaign.

Minneapolis Vascular Health Fair

The Vascular Disease Foundation attended a Vascular Health Fair that was held in Minneapolis in September. This half day public seminar was designed by the University of Minnesota to help people understand PAD, stroke, venous disease, and lymphedema and provided tools for patients to become more engaged in their long-term vascular health management. Executive Director, Sheryl Benjamin, gave a short overview of the Foundation to the health care providers and patients that attended some of the sessions. She talked about PAD and handed out information to dozens of people who came to the sessions. People lined up to have an Ankle-Brachial Index test for PAD, and many signed up to receive our newsletter or to inquire about a new support group being formed.



LIVING WITH VASCULAR DISEASE (continued)

He was given three options: an exercise program, medications, or an attempt at revascularization by surgery or angioplasty. The medications available three years ago were not guaranteed to greatly improve his condition and he wanted to leave surgery as a final alternative. Afraid that the cure might be as bad as the illness, Mike decided to start with the least invasive approach—an exercise program.

Mike began his physician's recommended treatment plan — to walk around the lakes by his home near Minneapolis, an activity he had given up because of the pain in his legs. He was told to walk frequently to the



point of pain, then stop and rest. Repeating this was "nature's way" of compensating and would improve the efficiency with which the muscles dealt with the more limited supply of oxygenated blood reaching them. Improvement

took a long time but progress was steady. The two-mile walk required him to stop 22 times in the beginning. He would walk a short distance until the pain was sharp and then rest for one to five minutes before continuing. He stuck with this program three to five times per week determined not to face his doctor with failure.

On his own, Mike developed several "tricks" to keep himself moving. He counted the number of stops he made during each walk and after a few weeks, he noticed that it was 21 stops, then 20 and then 19. Next, he decided to keep a record of his progress. As he walked he rated how he felt on a scale of "1 to 10". A good day would earn a 7 or 8, bad days a 3 or 4. After a few more weeks he noticed that the high ratings seemed to be increasing. He attributed it to the fact that he was starting to lose weight from the exercising and was actually beginning to feel better. Another motivating factor was that his wife, Mary, encouraged him by walking with him. She finished at a quicker pace, but would wait for him.

The exercise program worked! A year later, he was able to walk the two miles around the lake in 30 minutes without stopping. Mike had lost 38 pounds and he was able to reduce his diabetes medication.

Today, at age 65, Mike spends winters walking the beaches by his winter home near Wilmington, North Carolina. He still walks three to five times a week at a pretty good pace and pain free. Knowing where he was a few years ago and now that he's regained his lifestyle, he said it was definitely worth the effort. He boasts that now he does all the things he wants to do —part-time consulting, enjoying time with his grandchildren, traveling, gardening, and golf.

Mike happily offers advice to others with PAD. "Give yourself a chance to beat it. Find the right doctors and regimen, then find a way to stay motivated." He found tracking his results helped and might help others, too. "Don't overdo it. You can't compress in a month what takes a year to change." He acknowledges that the hardest part is that it doesn't happen overnight — improvement takes a long time. But, he stressed, "it's possible and definitely worth it. I'm living proof."

Editor's Note: Mike experienced intermittent claudication. This is a condition of pain or cramping brought on by walking and quickly goes away when resting. This pain occurs after walking the same distance and resting about the same amount of time.

Mike's tips for a successful exercise program

1. Find a doctor to help you find the right exercise schedule for you.
2. Chart your activities. Include time to exercise, distance, number of stops, how you felt during the exercise.
3. Try different shoes. Mike found that shoes with heels placed less strain on his calf than tennis shoes. He walks in loafers!
4. Find a walking or exercise companion.
5. Be patient. It takes time for good results.

State-of-the-art Web Site Expansion

WWW.VDF.ORG

Otsuka America Pharmaceuticals has generously awarded The Vascular Disease Foundation a grant to enhance our web site at www.vdf.org. Our updated pages will soon provide a much more comprehensive set of informational pages on all vascular diseases, not just peripheral arterial disease. Soon you will find information on abdominal aortic aneurysms, venous disease, Buerger's Disease, and lymphedema, as well as a more comprehensive section on PAD. Look for helpful risk assessments, useful links, an expanded glossary, patient friendly diagrams, and frequently asked questions. We are deeply appreciative to those professionals from all of our contributing vascular societies and to Otsuka America for their efforts on behalf of patients and their families, who will soon be more informed about vascular diagnosis and treatments. We give a big thank you to:

The American Academy of Vascular Surgeons

The American College of Cardiology

The Society of Cardiovascular and Interventional Radiology

The Society for Vascular Medicine and Biology

The Society for Vascular Nursing

The Society for Vascular Surgery

The Society of Vascular Technology

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or write to

The Vascular Disease Foundation

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The site will launch late this spring so check the site out and let us know what you think.

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Vascular Terms that Start with the Letter “B & C”

You can view these terms and others used in the diagnosis and treatment of vascular disease on our website. We've made them easy-to-understand to help you in talking with health care professionals. Each newsletter will cover a section from our glossary.

Blood pressure: The force of blood pushing against blood vessel (artery) walls.

Carotid arteries: The pair of arteries located in the neck that bring blood from the heart to the largest portion (anterior) of the brain circulation.

Carotid endarterectomy: An operation to remove atherosclerotic plaque from the carotid artery through a neck incision. This procedure is usually performed to prevent stroke.

Collateral circulation: The slow development of smaller arteries that may grow to allow some blood flow around the narrowed or blocked area of an artery. This occurs as an adaptation when an artery is slowly blocked with plaque over time.

Claudication (Intermittent Claudication): This is the name of the most common symptom of PAD, usually felt as a fatigue, discomfort, cramp, or pain that reproducibly occurs in the leg muscles with exercise, and that quickly (within 3-5 minutes) goes away with rest. Claudication is caused by a lack of adequate blood supply to the muscles with exercise.

Frequently Asked Questions

Q. I am 57 years old with a family history of PAD. I am interested in knowing the things I can do to prevent PAD.

A. First of all, not smoking is one of the most important things you can do. Even limited amounts of tobacco can be a major detriment in a patient's battle against PAD. Nicotine causes the blood vessels to narrow, leaving less room for blood flow and increases the risk of blood clot formation. Also, the smoke inhaled decreases the amount of oxygen in the blood. Overall, tobacco is very damaging to the blood vessels.

Second, lowering cholesterol intake and normalizing blood cholesterol is very important. By lowering cholesterol, you can delay or even reverse the plaque build up in the arteries. The National Heart Lung and Blood Institute offers excellent material on their web site on cholesterol issues. This link <http://www.nhlbi.nih.gov/health/public/heart/index.htm> should list them. Be sure to look at their "Step-by-Step: Eating to Lower Your High Blood Cholesterol" section for advice on what to eat and exact portions. They also have helpful material on high blood pressure, another factor you will want to watch in preventing PAD.

If you have diabetes, then consult with your doctor about how you can best lower your blood sugar and use proper foot care, and be sure to take your medications exactly as prescribed.

Exercise is also another important component in fighting PAD. An appropriate exercise program will help keep your heart healthy and walking is the most consistently effective treatment for those with intermittent claudication (pain in legs due to PAD).

Q. My 46-year-old family member has had bypass surgery on each leg. The surgeons declare his surgery a success, yet intermittent claudication has returned. How common is continued leg pain after a successful bypass? What do you recommend for rehab and management of this type of condition?

A. It is quite common for claudication to persist after surgery but ideally this symptom should be less severe. This is because it is usually not possible for the surgeon to bypass all of the many blockages that exist in patients with PAD. The ABI (ankle-brachial index) does not predict functional ability to walk since individuals with the same ABI may have very different walking limitations. Recommended care and management is to get involved in an exercise rehabilitation program in a supervised setting. Such a program usually involves treadmill walking at least three times a week. Often these programs are administered by vascular specialists, or at the Vascular or Cardiac Rehab settings usually located in nearby hospitals. A vascular internist or cardiologist should supervise the care.

If you have a question you would like our panel of experts to address in our next newsletter, please send it to info@vdf.org or The Vascular Disease Foundation, 3333 S. Wadsworth, Suite B-104-37, Lakewood, CO, 80227.

What is PAD?

What are the Risk Factors and Symptoms

Peripheral Arterial Disease is a common disorder that occurs in the circulatory system and is often referred to as Atherosclerosis. Arteries carry oxygen rich blood from the heart to all areas of the body. For those with PAD, the arteries to the legs slowly become narrowed and then blocked by the build up of cholesterol containing plaque. As a result, blood flow to the muscles and skin of the legs decreases. Less blood to the muscles causes them to hurt and cramp during exercise.

You may be at risk for peripheral arterial disease (PAD) if you:

- ★ smoke
- ★ have diabetes
- ★ have high cholesterol
- ★ have high blood pressure
- ★ are over 50 years old
- ★ have a family history of heart or vascular disease
- ★ have pain in your legs when you walk that goes away quickly when you rest.



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Our list of Sponsors and Donors is growing! Here's how to be placed on our list of honor:

1. Send a check or money order. This can be a donation, or designated in memory of a loved one or to honor a doctor, nurse, family member, friend or other special person. If you send the honoree's address, we will send them a notice of your recognition.
2. Donations can now be charged to your Master Card or Visa. Your donation can be a single contribution, or spread out over the year, with a specified amount contributed each month. Again let us know if your gift is a memorial or is intended to honor a loved one.
3. Donate stock or other investments! Through Fidelity Investments, the Vascular Disease Foundation can accept contributions of stocks. A stock contribution allows you to deduct the value of the stock on your tax return and avoid paying long term capital gains taxes. Contact us for more details.

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Recently Established Memorial Funds

The Joan E. Deeter Memorial established October, 2000 by Eric Deeter in memory of his mother.

Thank you for donations received from Eric and Tammy Deeter.

The Joanne Symonds Memorial established November, 2000 by Peter Symonds in memory of his wife.

Thank you for donations received from Arthur and Barbara Hardy, Austin and Wilberta Hardy, Roy and Claire Hill.

Thank You to Our New Supporters

Drs. Gary and Patricia Becker • Dr. Magruder C. Donaldson • Roger DuPont • Gloria Fine • Joann Gorrell • Dr. William & Mrs. Susan Hiatt • Dr. Alan T. Hirsch & Laurie E. Curtis • Dr. Steven Hurst • Dr. William & Mrs. Ann Krupski • Pamela McKinnie • Judith Milliken (in memory of John H. Milliken) • Dennis & Patricia Newman • Dr. Landy Paolella • Dr. Judith Regensteiner & Kenneth Schneider • Catherine Rizzo • Irene Ryan (in honor of Theodore Ryan Sr., Scott & Heather Ryan) •

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