

Keeping in circulation

the official newsletter of the Vascular Disease Foundation



VASCULAR DISEASE
FOUNDATION

SPRING 2002
VOL. 2 No. 1

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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SMOKING AND PERIPHERAL ARTERIAL DISEASE

Did you know that smoking is the single most important cause of peripheral arterial disease (PAD)? The risk for developing PAD is as much as three times higher for smokers as that of non-smokers. Tobacco use of any kind (even low-nicotine cigarettes, cigars or pipes) escalates PAD. Half a pack of cigarettes per day can increase the risk by 30 – 50%!

Tobacco use causes atherosclerosis, the principal cause of PAD. Atherosclerosis refers to the development of plaque in the wall of an artery that leads to blockages and reduction in blood flow to the leg. Atherosclerosis also affects other blood vessels, particularly those that supply the heart and brain.

There are over 3,000 chemicals found in tobacco smoke. Some of the chemicals are nicotine, ammonia (used in cleaning fluids), arsenic (used in poisons), carbon monoxide (car exhaust), formaldehyde (embalming fluid) and hydrogen cyanide (used in rat poison). Patients diagnosed with PAD who continue to smoke are jeopardizing their recovery efforts. PAD patients face as much as 5 to 15% higher risk of death by heart attack and stroke if they continue to smoke.

Fortunately, smoking cessation has its rewards and significantly helps in treatment results. Surgical treatment to remove built up plaque will be much more successful in the non-smoker. Walking programs to treat intermittent claudication are also more successful in the non-smoker and, the risk for developing coronary artery disease also rapidly decreases once a smoker quits.

If you have been diagnosed with PAD and still smoke, we strongly urge you to speak with your physician about the best stopping method for you. Some tips and resources for quitting are recommended on the following pages.

References:

1. Creager, M., and Hiatt, W. Management of Peripheral Artery Disease. In Medscape Cardiology, AC'99 CME Online, March 7-17, 1999.
2. Friedewald WT. Epidemiology of cardiovascular disease. In: Wyngaarden JB, Smith LH, Bennett JC, eds. Cecil Textbook of Medicine. 19th ed. Philadelphia, Pa: WB Saunders Co; 1992:151-155.
3. Fiore, M. Smoking Cessation, an AHCPR Guideline, September 1996.

A Nurse Shares Her Success with Smoking Cessation

As a clinical nurse specialist who works with people affected by peripheral arterial disease, I became a tobacco cessation counselor. I talk with people one-on-one and in groups about the risk of tobacco use. Many of us know someone affected by arterial disease and the chances are that person may be a smoker. I was affected last year by the death of my father who had given up smoking, but not tobacco (he used smokeless tobacco.) I also was a smoker for many years and know first-hand the difficulty of quitting.

The majority of people that I speak with use tobacco to help with tension or stress in their life. This is also the reason that most people who quit begin again. On the average, a person “quits” seven times before they permanently stop. So don’t be discouraged from trying again.

The key to success is to first PLAN for this event and plan not to do it alone. Here is the six-step process that I discuss with my PAD patients.

Step 1 Become aware. Success starts with understanding why you smoke and why you want to quit. The tobacco user has to quit for himself (or herself) and not for someone else.

Step 2 Monitor your habit. Before quitting, keep a “smoke log.” Record the time, place, mood, people you are with and number of cigarettes smoked or amount used. This helps to identify the “triggers” or what makes you crave the nicotine.

Step 3 Set a quit method and date. Set your quit date within two weeks of your decision to quit. Take time to talk with your health care provider during this step. Discuss with him or her various ways to quit smoking including the option of using nicotine replacement therapy (NRT). There are five nicotine replacement therapies presently available. Many stop smoking “cold turkey” by throwing the tobacco away. Others reduce or taper the amount they use each day. You have an increased chance of success by using combination therapy, which com-

••••• bins a stop method such as cold turkey or tapering, plus a formal or informal support system (see step 4) plus nicotine replacement therapy (NRT).

••••• **Step 4 Form your support network.** In this step, the tobacco user should find a support person or group. The group atmosphere provides encouragement among others who understand the feelings of withdrawal. The group also gives members an opportunity to share what works and what doesn’t.

••••• It is crucial to learn techniques to deal with the withdrawal symptoms that will occur in the first two weeks. (See box on next page.)

••••• The day before the actual quit date thoroughly clean the house, car and any other place that will remind you of your habit.

••••• **Step 5 is actually quitting.** Learn from your physician and support group how to deal with symptoms such as headache, sore throat, dizziness or the inability to concentrate.

••••• **Step 6 is staying off tobacco.** This can be the most difficult step. The most important thing is don’t feel like a failure if you happen to slip—accept your mistake and get back on track! Re-read your reasons for quitting. If tobacco was purchased, get rid of it. When a craving is experienced remember the four D’s.

- 1. **DO something else**
- 2. **DRINK plenty of water**
- 3. **DELAY the urge**
- 4. **DEEP breathe.**

••••• Keep these in mind during your entire quitting process. Keeping in touch with your health care provider during the entire process is helpful. I encourage those of you who smoke to stop and those who know someone who does to pass this article along to them. Good Luck!

••••• *This article was written by Carolyn Ervin, MSN, RN, CCRN a Vascular Clinical Nurse Specialist at the University Health Systems of Eastern Carolina.*



More techniques to Deal with Withdrawal...

- Get a thorough cleaning from the dentist.
- Change your daily routine.
- Brush your teeth immediately first thing after getting up.
- If you are used to smoking after eating, go for a walk right after a meal.
- Keep ice chips and chewing gum handy to deal with dry throat.
- Try showers and baths to help you relax.
- Drink plenty of water and have low fat snacks on hand.

Stop Smoking Resources

For a list of smoking cessation web sites visit our "Links" page at www.vdf.org.

American Lung Association at www.lung.usa. To get a variety of fact sheets, tips on quitting and the latest research on smoking or the book *Seven Steps to a Smoke Free Life* by Edwin Fisher, call **1-800-Lung-USA** or order from amazon.com.

The American Cancer Society at **1-800-ACS-2345**.

The American Heart Association at **1-800-AHA-USA1**.

Nicotine Anonymous National Office at (415) 750-0328.

National Cancer Institute at www.cancer.gov.

Centers for Disease Control at www.cdc.gov/tobacco.

Frequently Asked Questions

Q. Your web site talks about the drug treatment for intermittent claudication but does not mention what it is. What is it and where can I find more information?

A. The FDA has approved two drugs for the treatment of intermittent claudication. Pentoxifylline (Trental) has been available for several years. A new drug was approved in 1999 called cilostazol (Pletal). Cilostazol is prescribed by many doctors to help with the pain of walking caused by intermittent claudication. Your physician can tell you if either medication is right for you or in combination with exercise therapy or other treatments. You can find out more about cilostazol on the Internet at www.pletal.com or by calling **1-800-562-3974**.

Q. What is the difference between atherosclerosis and arteriosclerosis?

A. Arteriosclerosis is a general term meaning the arterial walls (of the arteries) are thickened and stiff. Arteriosclerosis can occur as a part of the aging process and can refer to many various vascular diseases. Atherosclerosis is a more specific term describing plaque deposits within the artery wall that leads to blockages of arteries. The word "atherosclerosis" comes from the Greek words "athero" (gruel or paste) and "sclerosis" (hardness).

Q. I was told that my ABI test was inconclusive because I have diabetes. What does that mean?

A. ABI stands for ankle brachial index and compares the blood pressure measured at the ankle to the pressure measured at the brachial artery, which is located in the arm. Diabetes can cause the artery wall to become calcified or hard and the blood pressure cuff cannot compress the artery to get a pressure, particularly at the ankle. As an illustration think of water flowing through a garden hose and a pipe in your home. You can bend the hose, but not the pipe. Calcified arteries are stiff, more like a pipe, and blood pressure measurements cannot be performed. Without an ankle pressure, there is no comparison for an ABI. When this occurs, often a toe pressure is compared to the arm, or the doctor may look at the waveforms from the Doppler ultrasound signal or from blood pulse volume.

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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.

Report on Colorado PAD Awareness Campaign

In a statewide effort to raise awareness about PAD, The Vascular Disease Foundation conducted *Keeping in Circulation*, its first awareness campaign within the state of Colorado. Coinciding with the Legs for Life national screening program, the project took place the second week of September. Activities included showings of our public service announcement, local television coverage, a fitness walk at the Denver Botanic Gardens, and free PAD screenings.

The fitness walk at The Botanic Gardens was highlighted as “a very creative morning” by one attendee. Activities began at 7:30 am. Local vascular specialists spoke to attendees about peripheral arterial disease, its prevalence, risk factors and the need for exercise. Other professionals volunteered by giving free ABI exams, the non-invasive test for peripheral arterial disease. The morning ended with an exercise trainer warming up the crowd before walking the gardens.

We believe the campaign as a whole was a great success in reaching the people of Colorado and we hope to repeat the campaign in 2002 and soon expand to other states.

We are grateful to the following individuals and organizations that helped make this event successful:

Rose Community Foundation
Melvin & Elaine Wolf Foundation
Channel 7/KMGH TV
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AstraZeneca LP
Hutchinson Technology, Inc.
Colorado Athletic Club
King Soopers
KEZW
Legs For Life
Nicolet Vascular, Inc.
Porter Adventist Hospital
Vascular Institute of the Rockies
Hank Arellano
Michael Benjamin
Teresa Blandford
Gail Feeny-Coyle
Dan Gautier
Dennis Griffin, MD
Michael Podolak, MD
Judith Regensteiner, PHD



Letters to the Editor

I just wanted to take a minute to thank you for publishing "Mike's Story" on your web site (also found in "Keeping in Circulation" Spring, 2001). I have been looking for some input on this "natural bypass" approach, and until now, was unable to know if this really works. Mike's Story is an inspiration, and I am also living testimony that exercise does make a huge difference.

Before I was diagnosed with intermittent claudication, I used to walk for years four miles every night after work and play tennis weekends pain free. For one whole year when my pain first appeared, I thought I had pulled a muscle in my right leg while mountain climbing. After a year, when my leg never got better, I decided to take the bull by the horn and do something positive.

That was when I was diagnosed with intermittent claudication and vascular disease. I had an angiogram done on my leg and my artery from the groin area to approximately the knee is supposedly completely blocked. The doctor then suggested a by-pass and was quite frank about telling me that I could have one leg considerably larger than the other because the possibility of swelling could be considerable. Being a female with still a good shape and my weight very much under my control, I did not think I would like having one leg larger than the other thus limiting my taste for an attractive wardrobe.

An alternative was the "natural by-pass" which involved exercising to the point of pain, stopping to rest, and then persevering on again. I took this route, joined a gym and use the treadmill every day. I took up golf again so on weekends I could get the extra benefit of walking that golf also offers. I go to the gym during my lunch hour at work, or if work interferes, I go immediately after work—no excuses, I just go there. (Sometimes I have to play head games with myself, but I do get there!)

But, like Mike, it has paid off and just this past Sunday I walked two miles in a beautiful park near my home only stopping once to observe some ducks frolicking in the pond. I was so pleased with myself; my mental outlook again is so much brighter, and my tennis friends have become a little more threatened since I am now back playing tennis full steam ahead, hardly stopping at all! Thank you so much again for publishing Mike's Story.

Sincerely,

Pat



My husband and I found an article on the latest issue of Diabetes Interview "A Silent Killer" and found your web site. My husband has diabetes and has had two quadruple bypass surgeries. He is doing so well... exercising three times a week at a gym, but...has a recurring pain in his right calf. He has mentioned it to his doctors, who don't seem concerned. Your web site is absolutely wonderful! We printed off the whole thing and will pursue the possibility of PAD with them. You have described exactly his symptoms. The video and audio were superb. We cannot thank you enough. We are indeed blessed to have this kind of information on the web.

Many thanks again to all for their time and effort in keeping us aware and informed.

R.L & P.L., surfside Beach, SC

Vascular Terms that Start with the Letters “G, H & I”

You can view these terms and others used in the diagnosis and treatment of vascular disease on our web site. 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.

Gangrene: Tissue death caused by poor blood flow. It is usually black with color, often with a foul odor.

Grafts: A surgical technique using man-made material or a vein to re-route blood flow.

Homocysteine: An amino acid in the blood. Elevated levels may lead to increased risks of PAD.

Hypertension: When the pressure in the arteries is consistently above the normal range. Also known as high blood pressure.

Insulin: A hormone produced by the pancreas essential for the body's use of sugars.

Intermittent Claudication: Symptoms that occur when the leg muscles do not receive the oxygen rich blood required during exercise, thus causing cramping in the hips, thighs or calves.

Interventional radiology: A medical specialty where doctors use x-rays to diagnose blockages in arteries and also treat them with balloons, stents, and catheter delivered medications.

Ischemia: An organ (heart, brain, kidneys, or foot, for example) that is not getting adequate blood flow and lacks vital oxygen and nutrients.

Does Growing Older Mean I’ll Get PAD?

In the United States, those 50 years or older are more at risk for PAD. PAD is a disease that strikes both men and women, but occurs slightly more in men. The percentage of elderly people who are affected is:

Age	% Affected
40 - 59	3%
60 - 69	8%
70 or older	19%

LIKE TO LEARN MORE? For more information on peripheral arterial disease or for your own copy of the “Keeping in Circulation” newsletter, visit our web site, CALL 866-PADINFO toll free or write to the Vascular Disease Foundation at 3333 S. Wadsworth, Suite B-104-37, Lakewood, CO 80227.

Visit the Vascular Disease Foundation Web Site at www.vdf.org

.....Want To Help?.....

There are many ways to help the Vascular Disease Foundation achieve our mission of increasing public awareness about vascular disease. Here are just a few ideas that you could use with your church, synagogue, social group or club.

- ♥ If you play golf, chip in dollars for Mulligans and donate those to the VDF. (This could be one game, a tournament or a full season.)
- ♥ Have a separate “kitty” for the VDF.
- ♥ Donate a portion of a kitty from cards or bingo.
- ♥ Donate proceeds from a potluck, fish fry or barbecue.

Contact us for other ideas. Let us know and we'll be glad to send pamphlets and newsletters for your event. We really appreciate your help and you'll make a difference.

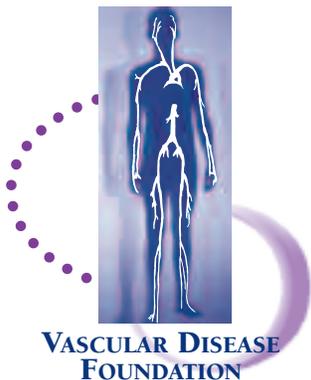


VIDEOS ABOUT VASCULAR DISEASE

Now you can view the up-to-date information on peripheral arterial disease (PAD) via five-minute video clips on the Internet. Watch and listen as health care professionals share the risk factors, treatment options and prevalence of PAD in an easy-to-understand format. The titles of the clips available on PAD are:

- ***”PAD – A Disease You Should Know About”***
- ***“A Life Saving Diagnosis: Screening for PAD”***
- ***“PAD: More Common Than You Think”***
- ***“PAD: Treatment Goes Beyond Pain Relief”***

To view, simply click on our home page at www.vdf.org and click the link “Library Video File.” If you do not have Internet access, call the VDF office (**1-866-PAD-INFO**) for a written transcript (be sure to specify which segment you want).



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Newsletter designed by Concepts Unlimited

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In memory of Joan Deeter
 Eric and Tammy Deeter

Thanks To

Nicolet Vascular
 Inc. and
 AstraZeneca LP
 who
 provided
 funding for
 this newsletter.



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