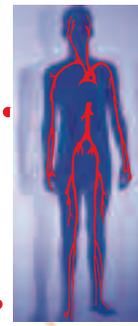


# Keeping in circulation



VASCULAR DISEASE  
FOUNDATION

the official newsletter of the Vascular Disease Foundation

FALL 2002  
VOL. 2 No. 3

## our mission

The Vascular Disease Foundation's mission is "To reduce the widespread prevalence and affects of vascular diseases by increasing public awareness of the benefits of prevention, prompt diagnosis, comprehensive management and rehabilitation."

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## The Right Steps for Diabetes & PAD

After a long day of walking in a new pair of shoes, Brenda Ross became concerned when she noticed an open sore on the inner side of her foot. As someone with diabetes, she knew that she was at risk for serious complications from foot-related problems. Curiously, Brenda's open sore was not painful, even though the skin around it was red and raw. Though her foot didn't hurt, she knew to call her doctor and an appointment was made for later that day.

Brenda had been diagnosed with diabetes more than ten years ago and had been carefully managing her condition with attention to her diet, regular exercise, and medication. Her doctor regularly checked her feet and had mentioned that she needed to pay special attention to foot problems. When she saw her doctor, he examined the sore and checked her blood sugar. He explained that the remarkable lack of pain was not because the sore was not a serious problem. Rather, the lack of pain was due to diabetes-related nerve damage, or "neuropathy."

Although circulation problems from peripheral arterial disease (PAD) can affect any individual, those with diabetes have a higher risk of complications because of the increased possibility of nerve disease or damage. About 60 to 70 percent of people with diabetes develop some neuropathy, which may contribute to foot problems and the risk of amputation.

Although pain is not something people want to experience, the sensation of pain is essential in recognizing potential injuries. Without pain sensation in the feet and toes, it is easy to sustain a foot injury without feeling it. Diabetics with neuropathy may fail to recognize an injury until it is too late. For example, people have been seriously burned by electric blankets or heating pads because they could not feel the heat.

Brenda's problem was not unusual. Apparently, her new shoes did not fit as well as they should have. Neuropathy had caused her to lose her feeling of pain, allowing the shoes to rub a raw spot at the side of her foot, at the base of her big toe.

It is especially important for people with diabetes to carefully check their feet each day. Shoes should be checked to make sure they don't contain stones, staples, rough

orthotics may be needed to accommodate the feet if there is any type of deformity. New shoes should be broken in with great care. People with deformed feet and toes should never try to force them into regular shoes.

Skin needs good care, as dryness, cracking, and infections may be a result of changes that occur with diabetes. Feet should be washed and dried daily, and the remaining skin moisture should be sealed in with a thin coat of a lubricant, such as plain petroleum jelly, unscented hand cream, or other such products. Oils or creams should not be applied between the toes, as the extra moisture may lead to infection. Soaking the feet is not useful and may be harmful.

Small calluses may be treated with a pumice stone and lotion, but thick calluses may need to be trimmed by a trained health care provider. "Bathroom surgery" is never a good idea. Never try to cut your own calluses or corns, as this may lead to a skin ulcer or infection. Also, a health care provider should be seen whenever cuts or breaks in the skin occur, or when ingrown nails, changes in color, shape, or sensation are noticed. People with diabetes need regular and complete foot examinations and they can help remind their provider that a foot exam is needed by removing their socks and shoes while waiting for a physical examination.

Any break in the skin has the potential to lead to the development of an ulcer. An ulcer is an open sore. These can be superficial or deep and can allow entry of infection-causing bacteria. Most wounds heal on their own if properly cared for. An ulcer may not heal, however, if there is recurring injury, infection, dead tissue, or poor blood flow to the affected area. Dead tissue must be trimmed away and any infection should be treated with appropriate antibiotics. Ulcers need to be protected from pressure. Continued walking on an ulcer can enlarge it and lead to a more serious infection. In some cases, a special cast may be applied to protect the foot.

continued on page 6

# YOU CAN DO IT!

## Dissolving Common Barriers to Diabetes Control

**SIGNIFICANT ADVANCES** in the past few years have expanded the number of tools health care professionals have to assist in reducing complications associated with diabetes. Prior to 2000, the focus was on lowering blood sugar levels to lessen complications of the heart, nerves, kidneys, eyes and organs. Now, attention suddenly has also been placed on lowering blood pressure, lowering cholesterol and other blood fats, and lowering weight. It seems like overnight, people with diabetes now have to concentrate not only on lowering blood sugar levels, but also on removing saturated fat from their dietary choices, increasing the consumption of foods high in monounsaturated fats and increasing exercise to a minimum of 150 minutes each week.

But the fact remains that we are falling quite short of achieving optimum reduction in blood sugar and blood fat levels. The average blood sugar levels for persons with diabetes as measured by **Hemoglobin A1C in the US is now 9%, much higher than recommended** by the American College of Endocrinologists (ACE) and the American Diabetes Association (ADA). We know for sure, the higher the A1C value the higher the risk for developing a preventable complication. Despite all the tools we have at our fingertips, we are not winning the fight against complications.

**MONITORING** blood sugar is important for achieving good blood sugar control. One barrier to achieving control has now been eliminated with newer, faster "alternative site" monitors. Besides traditional fingertip testing, these monitors allow testing on hands, forearm, leg, calf and fingers. After a year of using alternative site testing, a very important discovery was made. There is approximately a 40 mg/dL difference in blood sugar levels obtained in the forearm and fingertip during times of rapidly fluctuating blood sugar levels, like after a meal or when blood sugar is dropping rapidly. If you have an alternative site monitoring system, be sure to read the owner's manual and operating instructions carefully to understand where to test during these times, or call the toll free customer service number on the back of the monitor to ask for assistance.

Non-invasive blood glucose testing is also slowly coming into use with one "wrist-watch" system now available and several others expected in the next 12-18 months. Instead of pricking the fingers for a blood sample, blood sugar levels are continuously monitored during the active period of the glucose sensor. Although more expensive, if the barrier for testing is the need to prick a finger or body part, your testing solution may well be here.

**DIETARY** recommendations have changed significantly over the past 10 years. Many people believe that they cannot eat sugar once they have diabetes. A common therapy recommendation 20 years ago, this "rule" was dissolved in 1993 with newer dietary recommendations. Today, there is no single "ADA diet" that applies to everyone with diabetes. Emerging research strongly suggests that a healthy diet is one based on food patterns and not on elimination of single nutrients. It is well known that dietary changes can lower hemoglobin A1C levels by as much as 1-2 points! That means that if you were able to follow an individually designed meal plan and your Hemoglobin A1C level is currently 9%, you could LOWER that value to 7-8% over the next 90 days. Sadly, most individuals with diabetes have never seen a certified diabetes educator or dietitian to learn how to eat well, and avoid the "fad" diets being followed that may lead to dangerous long-term health complications. Many people dismiss the need for this type of appointment because of the myth that the food they enjoy will be "taken away" from them, or that the dietitian will remove all the "fun" of eating. It is true that if you are currently consuming too many calories each day, your meal plan could well disappoint you. The reality is most people in the US consume 30-50% more calories each day than they need.

Over consumption of food, particularly **carbohydrates**, is the leading cause of high blood sugar levels in people with poorly controlled diabetes. Sugar-free products are commonly consumed in large quantities, with the belief that they have no impact on blood sugar control. Consider this: a carbohydrate is a carbohydrate. It does not matter the source of the carbohydrate, because once digested 100% of all **carbohydrates turn into blood sugar in your bloodstream**. Specifically what this means is that if the "sugar-free" product you are

eating contains carbohydrate, more than likely it is negatively affecting your blood sugar control! Become a savvy label reader and you will begin to see that you may have been unintentionally hurting your blood sugar control by consuming foods that effect your blood sugar control. Common foods that fall into this category include sugar-free brownies, pies, cookies and candy. Remember: the **total amount of carbohydrates** in meals and snacks is **more important** than the source of carbohydrate in regard to the effect on blood glucose levels.

**INSULIN** therapy has long been considered by doctors and patients alike to be a "last resort" in treating blood sugar levels that remain too high. For many people, the suggestion of beginning insulin therapy seems like a "failure" or "punishment." Some have even been assured that if they will follow a diet, exercise daily and lose weight, they can avoid the use of insulin all together. As difficult as it is to hear and accept, the majority of people with Type 2 diabetes will ultimately have to use insulin in order to adequately treat high blood sugars. This is based on research and clinical practice that shows that diabetes is progressive and the progressive destruction of the cells that make insulin in the body leads to the need to supplement and replace insulin in order to lower blood sugar levels. Each year, thousands of people with diabetes ignore medical advice to start insulin. This decision can lead to progression of complications that rob people of healthy, vital lives.

Many myths surround the use of insulin and serve as additional obstacles to adequate diabetes control. The reality: Insulin does not make you fat. Insulin does not cause blindness or kidney failure or heart attacks. Insulin use does not necessarily mean a lifetime of use. Oral pills are not insulin.

You cannot live a healthy life without adequate insulin levels in your body. It is difficult to let go of a fear or a failed expectation when insulin is the right answer. If you have done everything you can with diet, exercise, stress reduction and medication and your Hemoglobin A1C remains higher than 7%, insulin can not only save your life, it can preserve your quality of life.

**Diabetes** self-management can at times seem daunting. Ideas you have commonly held may well be the things that are hindering you from achieving the type of control you need or want. Information regarding diabetes therapy changes and advances occur rapidly. It is important to recognize that self-management is a lifetime of learning. There are numerous books, periodicals and web sites that can help keep you up to date with these changes.

**You are the key** to your success. It has been suggested that 85-90% of the outcome of diabetes rests in the hands of the person with the disease. Health care providers can assist you in achieving your goals, but you are key to help you live a life free of complications. Keep trying. Keep doing the best you can do. If you struggle, lose ground or interest, start again. Each day is another opportunity to try. **You can do it!**

### ABOUT THE AUTHOR

*Kimberley Krapek, RN, MS, CDE has been a nurse educator and clinical nurse specialist helping people learn to control diabetes for over 20 years. She is president of Diabetes Solution, Inc. of Aurora, Colorado.*



▲ For more information on diabetes on the internet, visit [www.vdf.org](http://www.vdf.org), [www.diabetes.org](http://www.diabetes.org), [www.niddk.nih.gov](http://www.niddk.nih.gov), or [www.aade.org](http://www.aade.org)

▲ For more information over the phone, call the ADA at 1-800-DIABETES.

## Drawing Winner



Congratulations to Sharon Crebs of Lakewood, Colorado. Sharon stopped by our booth at a Colorado Diabetes Expo and participated in our drawing by completing a short survey on PAD awareness. She's the lucky winner of a \$50.00 gift certificate to Barnes and Noble Bookstores! Happy reading, Sharon.

## Partner Spotlight

The Vascular Disease Foundation is unique because key vascular professional societies serve on our Board of Directors and help direct the Foundation's activities. To help you know more about these wonderful organizations, *Keeping in Circulation* will highlight them in upcoming issues.

### OUR FIRST FEATURED SOCIETY . . .

## Society for Vascular Nursing (SVN)



The Society for Vascular Nursing, founded in 1982, is a not-for-profit, international, professional nursing organization dedicated to nurses caring for individuals affected by vascular disease. SVN promotes excellence in compassionate and comprehensive care by providing quality education, fostering clinical expertise and supporting nursing research contributing to the prevention of vascular disease. SVN collaborates with other professional groups to address the unique needs of the patient with vascular disease. Currently, SVN has 750 members and continues to grow. SVN has some patient education materials available at low cost. For information about the organization, or becoming a member, visit SVN's web site at:

[www.svnnet.org](http://www.svnnet.org)

## From our Glossary

### Words beginning with "R" through "T"

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.

**Rest Pain:** Constant pain, particularly at night or when lying down, found in the toes or foot. Caused by poor blood flow.

**Revascularization:** Any procedure to restore blood flow to an artery.

**Stents:** Wire mesh tubes that are inserted within the artery via a catheter threaded through the artery. It is opened up (expanded) to form a rigid support to hold the clogged artery open to potentially prevent recurrent narrowing.

PHOTO COURTESY OF NICOLET VASCULAR

**Toe Pressure Index:** A blood pressure measurement taken to help diagnose peripheral arterial disease. Normally used when the Doppler method of measuring the ankle pressure is inaccurate due to artery calcium buildup, typically seen in diabetics. This technique uses a special blood pressure cuff placed on the big toe.



**Triglycerides:** The chemical form in which most fats exist in foods.

## Frequently Asked Questions

- Q.** I have heard that ginkgo biloba helps blood circulation to the legs. Is that true?
- A.** Ginkgo was recently reported in the American Journal of Medicine to have a modest effect on someone's ability to increase the distance walked without pain. However, it did not help as much as a regular exercise program or conventional drug therapy. Because ginkgo seems to make blood less likely to clot, it increases the risk of bleeding if you are using aspirin, blood thinners such as Coumadin (warfarin) or clot-busting medications. As with all herbal products and vitamins, let your health care provider know what you are taking. They are not controlled in terms of potency and may interfere with medications your doctor has prescribed.
- Q.** My feet and legs have been tingling and they hurt when I walk, but when I rest they feel better. I am a little scared. How do I know if it's bad enough to be amputated?
- A.** Only a doctor can determine if you will require an amputation. However, please do not delay. Visit your doctor as quickly as possible to make a proper diagnosis, and begin treatment. Be assured that amputation is never taken lightly by any health care provider. Earlier determination, however, will help you achieve a better result.

## LETTERS TO THE EDITOR

...I'm walking every day – it's never easy but I do it. With any luck and lots of persistence I will keep my leg! Keep up the good work and keep us informed.

**June R.**

My personal leg problems started in Dec. 2000. It started as just "a constant cramp" in my right calf. I thought I had pulled a muscle! I wound up going to every doctor in the state to find out what was wrong. . . I had given up hope when I saw an ad in my local paper about free PVD testing along with a list of symptoms. I made an appointment and hobbled up to the hospital for the testing. They took the pressure in my arms and legs and were astounded! I was in tears because I finally knew what was wrong!.. I was relieved that I didn't need surgery, and that a good exercise program would help. I will never forget the great care I received from my doctor and his staff. I still struggle with smoking but am walking pain-free now! I look forward to your newsletters. **Cynthia E.**

Thanks for a great web site. It's a relief to know of such a dedicated organization for PAD and I wish it was available three to four years ago when I was diagnosed.

**Robert L.**

### CAN YOU HELP?

- 1.** Do you know of any future health fairs in your community? We may be able to send materials that can be shared with others to help increase awareness about vascular diseases.
- 2.** Matching contributions can make donations worth more. If you or a relative work at a company that matches donations, ask them to add the Vascular Disease Foundation to the list. Contact us for details. It will help us greatly.
- 3.** We now accept the American Express card. Donations can be made as a one-time contribution, or on a monthly basis, on VISA, MasterCard and now, American Express.

### FUTURE ISSUES—SEND US YOUR STORY!

Future topics for *Keeping in Circulation* will focus on abdominal aortic aneurysm, deep vein thrombosis and leg revascularization with stents. If you have a personal story to share on one of these topics, please send it to us by letter, fax or email. We'd love to hear from you, and it may become one of our feature stories.

### Symptoms of DIABETES

Often diabetes goes undiagnosed because many of its symptoms seem so harmless, and many experience no symptoms. Recent studies indicate the early detection and treatment can decrease the chance of developing the complications of diabetes.

Some of the symptoms of diabetes are:

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unusual weight loss
- Increased fatigue
- Irritability
- Frequent infections
- Blurred vision
- Cuts/bruises that are slow to heal
- Tingling/numbness in the hands or feet

Visit the Vascular Disease Foundation Web Site at [www.vdf.org](http://www.vdf.org)

# IN THE NEWS

## FREE PAD SCREENINGS

September is National Peripheral Vascular Disease Awareness Month. Legs For Life is sponsoring hundreds of free PAD screenings for those at risk for PAD, September 22-28. To find out if there is a site near you, go to our web site [www.vdf.org](http://www.vdf.org) and link to the Legs For Life web site. Or, call 877-357-2847.

## GROWING ARTERIES

A recent study in *The Lancet* medical journal reported some improvement in endurance on treadmill tests after patients received protein injections to stimulate new blood vessel growth in the leg arteries. Although many years of research are required, it is still encouraging that some day this may provide help to people suffering from PAD.

## DIABETES MONTH

November is Diabetes Awareness Month. Contact your local ADA chapter to find out about participating in activities in your area.

## A DAILY DOSE OF WALKING: IT'S GOOD MEDICINE

This is a new feature section, written by Mitzi Ekers, to help you improve your vascular health through exercise.

1. Variety is the spice of life. While it's good to have a regular walking route to measure improvement, you may get bored. A change may give you new motivation to keep walking. Try a different neighborhood, the mall, a park, along a lake.
2. If the shoe fits...wear it around the block. If it doesn't, throw it out. Treat yourself to some really good walking/exercise shoes. It will keep your feet protected and make the walk easier.
3. Leave your cigarettes at home! One of the best ways to help yourself quit smoking is to go for a walk when the craving strikes. That craving will pass even if you don't smoke. WALK! Breathe in some good oxygen instead of tar and nicotine. Your arteries will be happier and healthier.

*Author, Mitzi Ekers, MS, ARNP, is a nurse practitioner who has been working with vascular patients for more than 30 years. She is Director of Vascular Services at the Heart and Vascular Institute of Florida in St. Petersburg. She helped start both the Society for Vascular Nursing and the Society of Vascular Technology.*

## RUNNING FOR VDF!

Wendy Johnson of Park City, Utah, qualified to run the Boston Marathon. But Wendy wanted to do more than just run, she wanted to run for a cause. Since her mother recently had vascular surgery, she contacted people she knew asking for donations for the Vascular Disease Foundation. Wendy raised \$1,275 from her generous friends, colleagues and relatives. Crossing the finish line was more meaningful for Wendy, and helped the Foundation, too. THANK YOU!



# Questions and Answers About Neuropathy

**Q.** What is neuropathy?

**A.** Diabetic neuropathy is actually a group of nerve diseases affecting the nerves to the limbs—beyond the brain and spinal cord. All three types of peripheral nerves may be affected: motor, sensory, and autonomic.

- ◆ Motor nerve fibers carry signals to muscles, and motor neuropathy can cause muscle weakness and unbalanced forces on joints. This can cause hammer toes, bunions, and other foot deformities.
- ◆ Sensory nerves take messages from the extremities to the brain, including information about pressure, pain, or potential injury. Symptoms of sensory neuropathy include loss of feeling or abnormal sensations, such as prickling, tingling, burning, aching, sharp pain, or pain in toes or feet.
- ◆ Autonomic nerves, which are not consciously controlled, affect heart rate, blood pressure, and controlling of sweating and skin glands. People with diabetic neuropathy can have dry skin that cracks easily.

**Q.** What treatments are available for the condition?

**A.** At present, there are no effective medications that reverse the nerve damage of diabetic neuropathy, but there are treatments that may improve some of the symptoms of neuropathy. Good foot care is especially important and early treatment when a problem is detected is critical. Also, those with neuropathy may have to avoid weight bearing exercise, like walking or running, or use special shoes or orthotics.

**Q.** Can neuropathy be prevented?

**A.** Yes, at least in some cases. Good control of blood sugar appears to be helpful. One scientific study, the Diabetes Control and Complications Trial, studied complications in people with tight glucose control and those using regular diabetes treatment. Only one-third as many people in the tight-control group developed neuropathy compared to those in the standard-treatment group. Also, careful blood glucose control may even heal some of the early changes of neuropathy. Avoiding alcohol and cigarettes may help protect nerves from damage, as well.

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## The Right Steps continued from page 1...

Circulation problems from PAD reduce the ability of the skin to resist injury, fight infection, and to heal. In some cases, however, circulation problems may not be recognized until an ulcer forms. Because diabetes may cause arteries to harden from calcium in the artery wall, some tests for PAD may yield unreliable results. Special tests in a vascular laboratory, however, can provide information about the presence and severity of a circulation problem in someone with diabetes.

Brenda's tests showed that she had mild PAD, but her circulation was probably adequate for healing. Had she been found to have more severe circulatory problems further evaluation, and possibly surgery or angioplasty, would have been necessary to improve blood flow. With good care, Brenda's foot ulcer healed within two weeks, but she remains aware that her feet need special care. Scar tissue under the healed wound may break down easily. She now has special shoes that protect the area of the healed ulcer, preventing the ulcer from coming back.

Brenda's outcome was good, but many people with diabetes-related foot problems may not be so fortunate. A minor problem like Brenda's can lead to serious infection, gangrene, and may ultimately lead to the need for an amputation.

Foot problems related to diabetes can be prevented and managed. The keys are proper foot care, attention to proper diabetes management and establishing a good relationship with a knowledgeable health care provider.

### ABOUT THE AUTHOR

*Dr. David L. Dawson is a vascular surgeon with special interest in the medical, surgical, and endovascular treatment of peripheral arterial disease. He is Associate Professor at the University of California, Davis.*



# DIABETES...WHAT'S THE BIG DEAL?

"Okay. So I have 'a touch of sugar.' Doesn't everyone over the age of 65?"

Not according to the American Diabetes Association (ADA). Diabetes affects 17 million Americans and about 1 out of 5 over the age of 65. Having high sugar or glucose levels, even a little high, can take a toll over time on your body. High sugar levels can lead to serious degenerative changes in the eye, nerve and kidney and make you more susceptible to infections. And per the ADA, "high sugar levels can blur your vision or make you feel tired or thirsty all the time. People with diabetes also are more likely to develop other health problems, including high blood pressure, high blood cholesterol and fat levels, and heart disease." Diabetes is a chronic disease with no cure, but it can be treated and complications avoided or minimized when patients are informed of, and comply with, proper treatment.

Diabetes mainly occurs in two forms:

Type 1: the pancreas does not make insulin.

Type 2: the body does not effectively use insulin.

Ninety to ninety-five percent have Type 2 diabetes, often called "adult onset diabetes," and most people who develop it are in their middle years or older. People with Type 2 diabetes should try to reach their ideal weight, follow a regular exercise program, and control their blood sugar levels, as well as lowering high blood pressure and high cholesterol.

Another category is called Impaired Glucose Tolerance or "pre-diabetes." In the past, the term borderline diabetes was used. These individuals have an abnormal blood sugar (glucose) response to an oral glucose tolerance test (a glucose challenge) but normal fasting blood sugar. According to the ADA, pre-diabetes is a serious medical condition because one is likely to develop diabetes and may already be experiencing the adverse health effects of this serious condition. People with pre-diabetes are at higher risk of cardiovascular disease. The good news is that people with pre-diabetes can prevent the development of Type 2 diabetes by making diet changes and increasing physical activity. While some medications may delay the development of diabetes, diet and exercise have better results. Just 30 minutes a day of moderate physical activity, coupled with a 5-10% reduction in body weight, produced a 58% reduction in diabetes.

Treatments to control blood sugar typically involve working with a health care team to learn management of diet, oral medications and insulin injections. There are several oral medications or pills that help the body use insulin more effectively. Although daily insulin injections may be uncomfortable, many advances in insulin delivery have made insulin shots a more effective tool to reduce and control sugar levels. Insulin needles now are very tiny, and almost painless. Other options include pen injectors. Insulin comes in various acting times: short, medium and long making them more effective in glucose control.

The overall goal is to keep sugar levels as near normal as possible. However, it is a daily task and one that requires monitoring by you and your health care team. The results pay off with a healthier body.

## Thanks To

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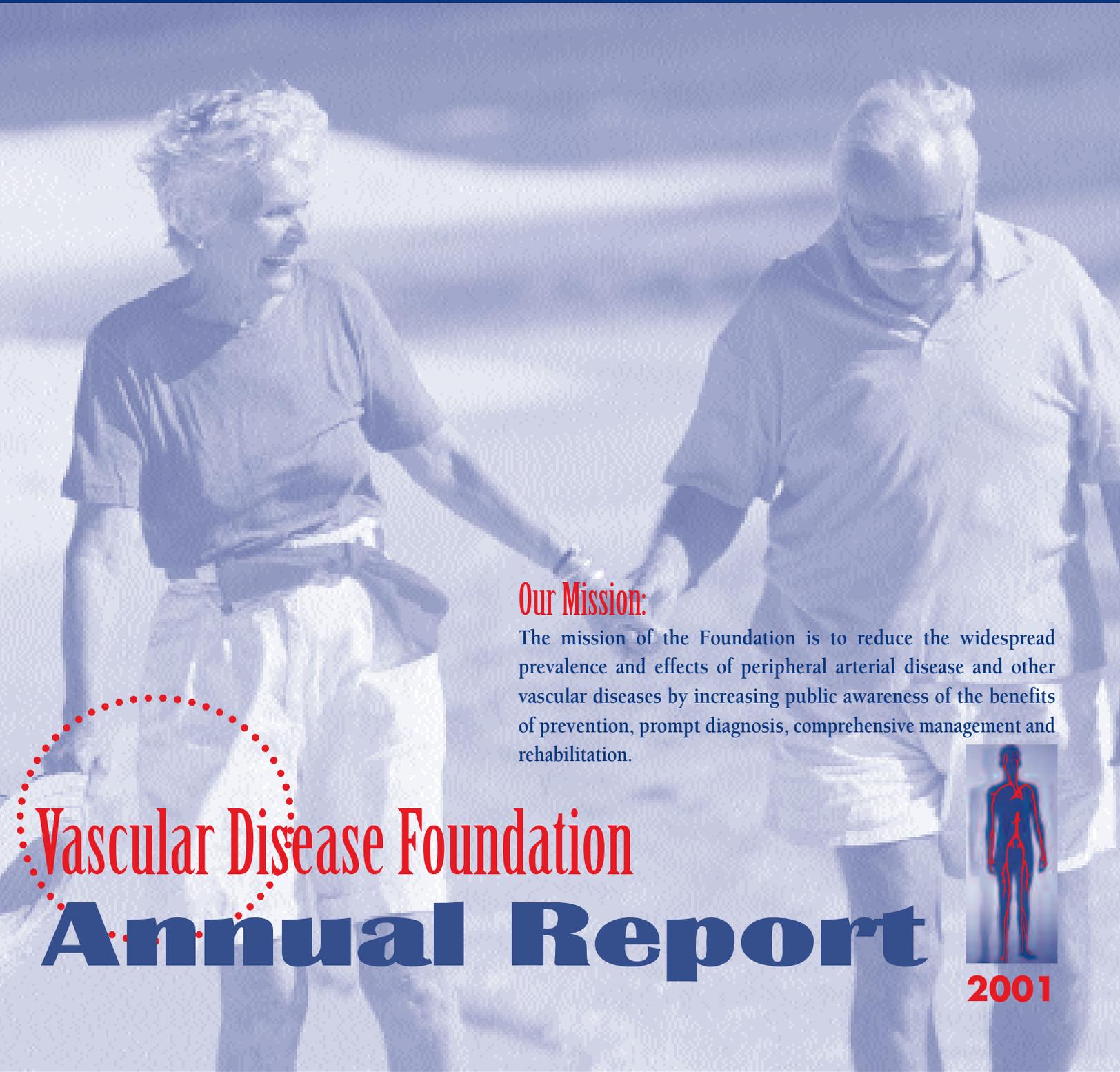
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**Our Mission:**

The mission of the Foundation is to reduce the widespread prevalence and effects of peripheral arterial disease and other vascular diseases by increasing public awareness of the benefits of prevention, prompt diagnosis, comprehensive management and rehabilitation.

**Vascular Disease Foundation**

**Annual Report**



**2001**



# Contributors

The **Vascular Disease Foundation** is entering an era that will bring vascular disease information to the forefront. The recognition that vascular disease is serious is increasing, and will continue to expand. Many key partners have joined with the Foundation to help spread the important messages of prevention, diagnosis, treatment and rehabilitation of those suffering from the wide range of vascular diseases. It is with extreme pride that we present this first Annual Report, highlighting our activities from 2001 and to acknowledge and thank our sponsors and contributors, that made these successes possible. Your continued investment and support will keep our momentum going and help make a difference for those affected by vascular disease. On behalf of the entire Board of Directors and Vascular Disease Foundation staff, I would like to thank you for your support and involvement.



Sheryl Benjamin, VDF Executive Director    Dennis Newman, Chairman of the Board

## 2001 Highlights:



## Web Site Development:

[www.vdf.org](http://www.vdf.org) – the web site with information you can trust. The Foundation embarked on an aggressive program to design and implement an enhanced web site. It was launched in May 2001 and had over 65,000 visits in its first few months. Its features are an easy-to-surf format, easy-to-understand information, pictures, and shared personal stories. There are video clips on several topics plus resources for further information. It has been listed as a resource by *Reader's Digest*, *Remedy*, *JAMA*, and the BBC to mention a few, and over 200 other web sites list us as a link.

## Educational Materials:

The Foundation published its first educational brochures to help answer many questions about the Foundation, PAD, and intermittent claudication. These brochures and leaflets are sent to those requesting information from the Foundation. They are also distributed at meetings and exhibits and posted on the Foundation's web site.

## Newsletter:

*Keeping in Circulation* – a newsletter for the public. Two issues were printed in 2001 with great acclaim. Our distribution list has grown dramatically and numerous health care professionals request extra copies to share with their patients, or place in their waiting rooms or distribute at health fairs. Several readers have thanked the Foundation for providing such an invaluable resource which helps them understand vascular disease. For many, it is difficult to find credible information about vascular disease and *Keeping In Circulation* fills that void.

## Colorado PAD Awareness Campaign:

The Foundation launched its initial public awareness campaign in our home state of Colorado in September 2001 with a "Keeping in Circulation Walk" and an educational presentation at the Denver Botanic Gardens. Partial funding was supplied by local



grants and corporations. Public Service Announcements were aired on a local television station, as were interviews. Screening for PAD was offered at several sites. The Foundation was able to share the message about PAD symptoms to over 2,500,000 homes in the Denver metro area. Results from this campaign are shaping plans for similar awareness campaigns in the future.

Thank you to our Contributors and Sponsors from 2000 through 2001. We couldn't do it without you!

We sincerely apologize if we have inadvertently missed a contributor's name, or misspelled it. Please let us know so we can correct our records.

*The Vascular Disease Foundation is tax-exempt under section 501(c) (3) of the Internal Revenue Code. It is eligible to receive donations as deductible as charitable donations for federal income tax purposes.*

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Dr. Tracy Napp

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## NHLBI Meeting for Vascular Disease:

In June 2001, several members from the Board of Directors and staff of the Vascular Disease Foundation held a joint meeting with the director of the National Heart, Lung and Blood Institute and representatives from several key departments of the National Institutes of Health to discuss the importance of increasing public education about PAD. This meeting was a unique and extraordinary opportunity to discuss future collaborative efforts that will increase attention and publicity about the disease and encourage its prevention and early treatment. Current NHLBI programs and scientific meetings offer several ways for working together to increase awareness. Our hope is that this first meeting will result in long-term collaborative efforts between the NHLBI, vascular professionals and the Vascular Disease Foundation to benefit the 8-12 million Americans with PAD.



*Dr. Greg, Dennis Newman and Dr. Lenfant at NHLBI Meeting*

## Conferences and Meetings:

The Foundation attended and exhibited at several key meetings in 2001. At public health fairs and seminars we talked with people affected by vascular disease. At medical meetings of our vascular society partners, we talked with those who treat vascular disease. Sharing information, encouraging involvement with the Foundation and spreading the word that the Foundation is the best source of vascular disease information is our goal.



## 2001 Board of Directors:

The Board of Directors volunteered their time to help the Foundation in its direction and programs during 2001.

- |                         |                             |
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| Gary Becker, M.D.       | Robert Hobson, III, M.D.    |
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## 2001 Statement of Activities

### Revenues

Contributions, legacies & bequests	\$261,068
Other income	\$ 16,780
Interest Income	\$ 3,093
<b>Total Revenues</b>	<b>\$280,941</b>

### Expenditures

Program services	\$134,690
Administrative & Fundraising	\$ 42,580
<b>Total Expenses</b>	<b>\$177,277</b>

\*unaudited statement



VASCULAR DISEASE  
FOUNDATION

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## DID YOU KNOW?

This issue focuses on diabetes because of the strong relationship between atherosclerotic vascular disease and diabetes. Diabetes affects 17 million Americans, and many of those with long-standing diabetes have PAD. In addition:

- ♥ There are more than 56,000 diabetes-related amputations annually in the USA<sup>1</sup>.
- ♥ About 20% will be hospitalized for foot problems<sup>1</sup>.
- ♥ Diabetes is the most frequent cause of lower limb amputations outside of injuries<sup>1</sup>.
- ♥ Prevention and early detection of foot problems is the best way to avoid life- and limb-threatening complications<sup>2</sup>.

People with diabetes are:

- ♥ Seven times more likely (than those without diabetes) to have an amputation<sup>2</sup>.
- ♥ Five times more likely to have PAD<sup>2</sup>.
- ♥ Two to four times more likely to have a stroke<sup>1</sup>.
- ♥ Two to four times more likely to have coronary artery disease<sup>1</sup>.

Sources: <sup>1</sup>American Diabetes Association; <sup>2</sup> Vascular Disease Foundation