



FALL 2005 • VOL. 5 No. 4

Keeping In Circulation

the official newsletter of the Vascular Disease Foundation

our mission

The Vascular Disease Foundation's mission is to reduce death and disability from vascular disease and improve vascular health for all Americans.

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What Is Peripheral Arterial Disease?

Peripheral arterial disease (PAD) is due to blockage of the arteries supplying blood flow to the legs. PAD results from the build-up of cholesterol, minerals, and blood and muscle cells called plaque. Plaque develops due to atherosclerosis, commonly called "hardening of the arteries." PAD, like all atheroscleroses, occurs most commonly in people who smoke or who have diabetes, high cholesterol, or high blood pressure. Less commonly, PAD may occur in otherwise healthy individuals because of genetic factors.

When PAD occurs, people may have no symptoms, or they may have symptoms of leg pain, cramping, muscle pain, or fatigue when walking, which is relieved by resting. More advanced stages of PAD may produce pain in the foot at rest. In the most severe cases, there may be painful open wounds that do not heal or gangrene (dead muscle and skin tissue). The severity of the disease depends on the number of arteries involved, the length of the blockage, and the amount of time the arteries have been narrowed or blocked. The most common symptom of PAD is pain when walking or running, often described as a cramping or "charley-horse" feeling in the back of the calf. This is called *claudication* (named after the Roman emperor Claudius, who had a limp) and is due to inadequate blood flow when the muscles of the leg are being used. The symptoms of claudication usually resolve if a person stops walking, even if he or she remains standing. This is different from leg pain due to other causes, such as spinal disease or arthritis, which tend to produce symptoms that are sporadic and not clearly related to exercise. With increased severity, the visible signs and symptoms of PAD include numbness or weakness in the lower legs, feet, and toes; skin discoloration; loss of hair on the legs; and non-healing ulcers or sores on the legs or feet.

Determining If You Have PAD

If a person has the signs or symptoms of PAD, it is important to consult with his or her physician. PAD is treatable, especially in the early stages. It is a serious mistake to avoid seeing a physician because of a belief that the leg pain is a "normal part of aging." A physician will be able to check for pulses in the legs and feet, as well as the other signs of PAD. If the examination is not normal, the person may be referred to a physician specializing in the diagnosis and treatment of patients with PAD. Because many people with PAD may not have claudication, those at risk for PAD because of smoking, high blood pressure, high cholesterol, and diabetes, or those who have had a heart attack or stroke, should also be evaluated for PAD.

The accurate diagnosis of the severity and location of atherosclerosis involving the legs is simple. Initially, non-invasive measurements of blood flow to the legs and feet, such as the ankle-brachial index (ABI), can be performed using a specialized instrument called a Doppler along with blood pressure cuffs. These tests may be performed

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What Is PAD?

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at rest and after exercise. Detailed imaging of the atherosclerosis, often necessary to determine the best form of treatment, can be obtained with a unique type of CT scan, Magnetic Resonance Image (MRI), or ultrasound.

Treating PAD: Exercise and Smoking

Most patients who experience claudication can avoid worsening symptoms if they stop smoking and walk regularly. Studies have shown that with an intensive walking program, most patients with claudication can double the distance they are able to walk before experiencing leg pain. Patients who continue smoking have a seven-fold increased risk of worsening symptoms than non-smokers.

Medical Therapy

Since patients with PAD have an increased risk of heart attacks and stroke due to the development of similar plaque in their heart, neck, and brain arteries, the immediate treatment of high cholesterol, high blood pressure, and other risk factors is critical in all patients. Cholesterol-lowering medications, as well as certain blood pressure medications, can reduce the risk of worsening disease. In addition, a baby aspirin or other medication blocking the action of platelets (cells in the blood involved in blood clotting) is beneficial for many individuals.

For patients whose leg symptoms limit their ability to carry out their daily activities, or whose symptoms have progressed, a medication called cilostazol (*Pletal®) may also be effective in reducing their symptoms.

Angioplasty, Surgery, and Other Methods to Reduce PAD

When exercise, treatment of risk factors, and medical therapy alone are not enough, blockages in the leg arteries may be repaired by both surgical and minimally invasive non-surgical techniques. Surgery often involves

bypassing the blocked artery using a segment of vein taken from either the same or opposite leg, or a piece of synthetic material that is sewn to the artery above and below the point of blockage. Because of the inherent risks and difficulties of undergoing surgery, a bypass is usually reserved for patients with the worst symptoms, such as pain at rest or ulceration. Patients who fail surgery or for whom surgery is not considered possible may need amputation.

However, many patients can be successfully treated with angioplasty with or without stent placement.

Signs and Symptoms of PAD

- ✓ Leg cramping or other pain when walking, relieved by resting
- ✓ Foot pain when elevating the legs at night
- ✓ Paleness and coolness of toes and feet
- ✓ Loss of leg hair
- ✓ Ulcers on the base of the toes or heel (pressure points)
- ✓ Gangrene

Mild

Severe

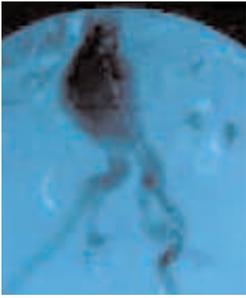
These procedures use x-ray guidance to place a small catheter (a thin plastic tube) within the diseased portion of the artery. For angioplasty, a very small balloon attached to the end of the catheter is then inflated, stretching open the artery. The catheter and balloon are removed. If angioplasty alone does not work, a stent can often be placed in the diseased artery to hold it open. Stents are wire mesh tubes that are shaped and sized to fit inside the artery. When expanded, they resemble hoops on the inside of a barrel. They are left inside the artery to restore blood flow (see Figures 1 and 2). Since angioplasty and stenting require only a small incision in the groin, these procedures can often be done on an out-patient basis or with only a short hospital stay.

Many other novel techniques have evolved to treat PAD when angioplasty alone is not considered the best option. Devices exist which stretch and freeze the artery to prevent re-blockage (cryoplasty); other devices cut away and remove obstructing plaque (atherectomy), burn through plaque (lasers), deliver special drugs to the arteries to keep them open longer (drug-coated stents), and create new channels for blood flow adjacent to the blocked arteries subintimal (subintimal angioplasty). While many of these techniques are new and not yet

*Pletal is a trademark of Otsuka Pharmaceutical Co., Ltd.

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AAAs: It's All in the Family



The aorta is the main artery, or blood vessel, that extends from the heart to the lower abdomen and carries blood to the internal organs and all lower parts of the body. The lining of the aorta has three layers that form the walls of a hollow tube. Sometimes, these walls become weak and bulge. When that happens,

the bulging part of the artery is called an aneurysm. While an aneurysm can occur anywhere along an artery, this article focuses on those that occur in the lower abdomen, below the kidneys.

Ruptured abdominal aortic aneurysms (AAA) account for more than 15,000 deaths a year and are the 13th leading cause of death in the United States. This condition occurs in one to two percent of the general population. Due to increased awareness about the disease, the number of abdominal aortic aneurysms diagnosed in this country has increased by three-fold.

Most people with aneurysms do not have any symptoms or complaints. Aneurysms can continue to grow and can become so weak that they can tear or rupture, allowing blood to leak out of the artery. If the bleeding is not immediately stopped, permanent damage or death results. A ruptured aneurysm is fatal in 75 to 90 percent of cases, so this is one of the most dangerous diseases in medicine. The incidence of AAA increases at about age 55 for men and at about age 70 for women. Early detection and timely repair can save lives and also achieve an annual saving in health-care costs of more than \$14,000 per patient per year.

Factors Which Identify Risk for AAA

The risk factors for AAAs include:

- smoking
- elevated blood pressure
- family history

Smoking is the leading cause of continued growth of aneurysms. As the aneurysm size exceeds five centimeters (cm) in diameter, the risk of rupture increases. AAAs larger than five cm have approximately a 10 percent risk of rupture per year. The risk increases as the aneurysm size increases. AAAs over seven cm have a 32 percent risk of rupture for one year. An aneurysm will increase in size on average about 0.4 centimeters per year. Stopping smoking, therefore, is very important.

Genes May Provide Information

Genetic risk factors contribute to the development of AAAs. Recent studies suggest a specific defect on one or more chromosomes. Close male relatives of individuals with aneurysms appear to be at greatest risk, but other relatives may also be at risk. Identification of the genes that predispose a person to develop an aortic aneurysm may someday help identify the disease at an early stage.

Diagnosis and Prevention

Early diagnosis and management of AAAs can prolong life. Hence, non-invasive screening to identify the size of the aneurysm is beneficial if focused on persons at highest risk. High-risk individuals include those between the ages of 50 years and 80 years, with a history of smoking, and those with hypertension and a personal history or family history of aneurysms.

If a close member of your family has been diagnosed with abdominal aortic aneurysmal disease, you should consider having a screening, especially if you are older than 50 years. An abdominal ultrasound is a safe and cost-effective first step for diagnosing aneurysms. This test is an outpatient procedure that takes only about 20 minutes. Other tests to determine if aneurysms are present include a CT scan or MRI.

Symptoms of AAA

Call 911 for help if you have or think someone is having any of these symptoms.

Do not wait. It is a critical emergency and immediate medical treatment is needed.

- Sudden, severe pain in the abdomen or lower back
- Intense weakness
- Sudden dizziness
- Loss of consciousness

Treatment

Small aneurysms should be monitored periodically depending on the size of the aneurysm. Although elective surgical repair by most surgeons is indicated when the AAA is 5.5 cms or larger, in a healthy patient

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AAAs: It's All in the Family (cont. from page 3)

an elective repair may be indicated when the AAA size exceeds 5.0 cms.



Traditional treatment has involved surgical repair by opening the bulging section and sewing a graft made of cloth-like synthetic material to the sections of the artery

above and below the aneurysm, so that the blood can no longer put pressure on the bulge. More recently, an innovative approach using a minimally invasive procedure called *endovascular repair* has been developed. In this procedure, a small surgical cut or opening is made in the groin and a *stent graft* (a metal stent covered by fabric graft material) is guided to the aneurysm from inside the artery. Not all patients are candidates for the endovascular repair. The type of procedure best suited for each individual should be discussed with the vascular specialist.

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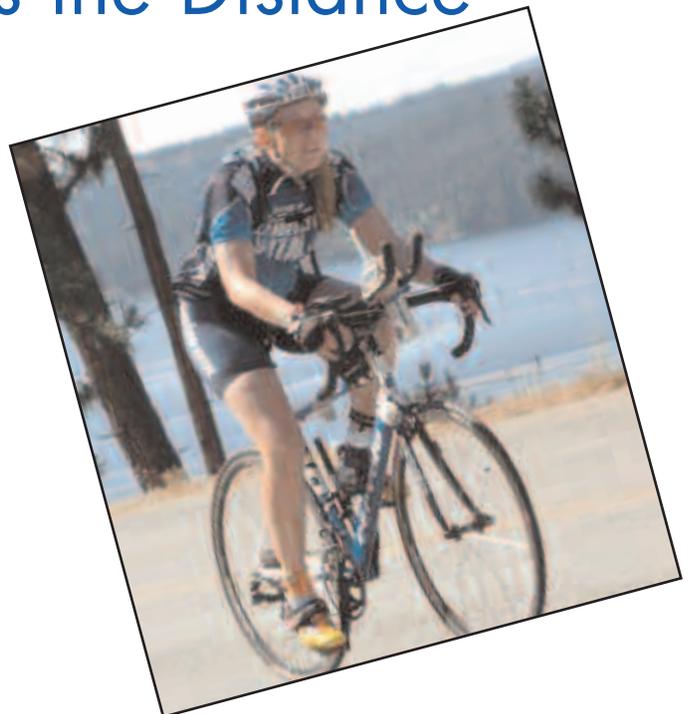
C. Steven Powell, MD, is the Chief of Vascular Surgery and Professor of Surgery, East Carolina University, Greenville, NC



Nurse Goes the Distance

Dawn Johnson, a nurse on the vascular surgery floor at the Mayo Clinic, raised money on behalf of VDF in an extraordinary (and exhausting) way. She participated in the Janus Charity Challenge and Ironman Coeur d'Alene. To do this, Dawn swam 2.4 miles, biked 112 miles, and ran 26.2 miles (a marathon). Ironman triathlons begin at 7 a.m. and participants must finish by midnight. Dawn did just that. She wanted to raise money for VDF because her father died from the rupture of an undetected abdominal aortic aneurysm (AAA). She told us, "If only at the time we would have known the symptoms, he could have made it to see a physician."

Dawn plans to do it again next year at the Wisconsin Ironman Triathlon. If you want to contribute to Dawn's efforts, please let us know. Thanks, Dawn, for giving your all to support VDF and helping to raise awareness about vascular disease!



Lucky Lucy!

Lucy Westerman is a very active woman who gardens, helps care for more elderly family members, and is active in her church. Lucy considers herself lucky because she had an AAA. Lucky? Yes! Her doctor found it when he was examining her stomach during a routine physical examination.



He then did an ultrasound which showed the aorta to be bulging about 2 inches (6 cm) wide. After evaluating her heart, he sent her to a vascular specialist who

put a stent-graft inside her aorta. Lucy was in the hospital for only a few days and soon resumed her active lifestyle. The procedure required a small incision to insert the catheter and graft. "It was nice not to have a big incision," she admitted.



Stent-Graft

She knows she's lucky. Lucy's older brother, Larry, had died earlier of a ruptured aortic aneurysm. She knows this procedure prevented her from having a rupture as well.

Back when Larry died, no one mentioned the possibility that aneurysms might run in the family. When examining Lucy, however, her doctor explained that this might be a familial or inherited problem. He asked how many brothers and sisters she had, their ages, and whether any members of her family had been diagnosed with aneurysms. Lucy is one of nine children ranging in age from 65 to 84 and, except for Larry, no one was aware of any aneurysms. All of

her brothers smoke, which is another risk factor for aneurysms. Her doctor told Lucy that to be on the safe side, each of her family members should have an ultrasound to see if he or she had an aneurysm.

Although some of Lucy's siblings were leery about getting tested, she reminded them that their brother Larry died from his aneurysm. She said, "I did not want them to die because they didn't do such a simple test." It was lucky that Lucy was so persistent. Two other brothers had aneurysms. One was too small to worry about now, but his doctor will follow up with additional ultrasounds in the future. The other brother had a large bulge, and Lucy said, "They fixed him up with the same kind of graft that I have."

Since her procedure Lucy has been telling other people to check their family history and talk to their doctor. She was happy to share her story with *Keeping In Circulation* so that more people would know about inherited aneurysms.

Screening for AAA

Congress is considering a bill (HR 827/S-390) that would provide a one-time screening for AAA. The Vascular Disease Foundation is a member of the National Aneurysm Alliance, which is working to get this bill passed. You can help by sending a letter or postcard to your congressional Representative and Senators. For more information, go to our Web site, www.vdf.org, to link to the Web site of the National Aneurysm Alliance.

NOVEMBER IS DIABETES AWARENESS MONTH

Approximately one in four persons over the age of 50 with diabetes has PAD. Diabetes combined with vascular disease greatly increases the risk of heart attacks, stroke, or other major complications. The American Diabetes Association (ADA) estimates that over 18 million Americans have diabetes, yet as many as one third may not even know they have it. The ADA will conduct many community programs during November so residents can learn more about preventing and managing diabetes. To get additional information, call 1-800-DIABETES or log onto our Web site at www.vdf.org and click the left tab "Links" and then "Diabetes."

What Is PAD? (cont. from page 2)

fully proven, the availability of many different treatment methods provides potentially beneficial options to assure that most patients can be successfully treated.

Take-Home Lessons

PAD is an often disabling cause of leg pain, but it is usually treatable if caught early. It is important to be able to recognize the signs and symptoms of PAD. However, because PAD may not have symptoms, it is also important to know your risks for developing PAD, and reduce those risks by stopping smoking and maintaining normal cholesterol and blood pressure levels. If you think you may be suffering from PAD symptoms, or are at risk for PAD, see your doctor – the diagnosis and treatment of this problem may be just a walk away!



Figure 1. Angiogram (picture of blood vessel) of right leg. There is a tight narrowing just above the knee.



Figure 2. After angioplasty and stenting, the narrowing in the artery is now gone.



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PAD Awareness Gains New Momentum

The Peripheral Arterial Disease (PAD) Coalition received great news in July. The National Heart, Lung, and Blood Institute (NHLBI), which is part of the National Institutes of Health (NIH), announced that it is funding a three-year national PAD awareness campaign of approximately two million dollars! A national public relations firm has been contracted to develop and implement this campaign in close cooperation with the PAD Coalition. It will take about a year to develop, design,

and launch the campaign.

The PAD Coalition will hold its first annual meeting in Alexandria, Virginia, on October 11, 2005. At the meeting, coalition members will discuss strategies and plans for the campaign and other activities for the next year. The VDF has maintained a major leadership role in the Coalition and is gratified to see its many years of working with the NHLBI and building the Coalition come to fruition.

EXCELLENCE IN CARE AWARD

It's the time of year to recognize those health care nurses, technologists, aides, and doctors who have helped you personally in your vascular care. Simply send us a note or e-mail with your tax-deductible donation stating who helped you and what he or she did to deserve recognition. Be sure to identify the honoree's name, address, and phone number and we will send an Excellence in Care certificate.

An Aspirin a Day?

For years, aspirin was often recommended to prevent heart attacks and improve circulation. Some recent large research studies give greater information that can help guide its use.

Aspirin has been shown to be effective in the treatment of a heart attack (myocardial infarction) and in preventing recurrence after a heart attack occurs. It seems to work for both men and women. Before the Women's Health Study (WHS), there was no definite indication that aspirin would help prevent a first heart attack. The WHS looked at almost 40,000 healthy women for ten years, while giving them either aspirin or a placebo (a fake pill). Besides looking at aspirin's affect on heart attacks, another concern was whether aspirin had an effect on strokes. Did it increase the risk of a hemorrhagic (bleeding into the brain) stroke or decrease the risk of an ischemic (decreased blood flow) stroke? The WHS looked at whether these women during the ten years had a heart attack, stroke, coronary bypass or angioplasty, TIA (transient ischemic attack), or death from cardiovascular disease. Another research study looked at the use of warfarin (*Coumadin®) or aspirin for prevention of stroke. Of these two, there was no difference of success using either drug, but the risk of hemorrhagic stroke was higher in the group using warfarin.



The results of the WHS were quite compelling. It found that aspirin decreased the ischemic stroke rate by 17 percent. Aspirin also decreased the occurrence of TIAs. Bleeding is a concern when taking daily aspirin, so it was noteworthy that the rate of hemorrhagic stroke was not significantly increased. However, gastrointestinal bleeding occurred at a higher rate. Surprisingly, the researchers discovered no difference overall between those taking aspirin and those taking the placebo as far as decreasing fatal or nonfatal heart attack or death from other cardiovascular disease. In fact, the only group that benefited from aspirin was women over age 65. In this group of women, there were fewer heart attacks, strokes, or other cardiovascular causes of death. This benefit occurred regardless of menopausal status and whether or not hormone replacement therapy was used. Keep in mind that this study looked only at women who had never had a heart attack, stroke, or other cardiovascular event. The benefits of aspirin in both men and women after a cardiovascular event have been shown in multiple clinical studies.

The bottom line is that the benefits of the use of aspirin must be compared to the risks of bleeding. This is something that only you and your health care provider can decide. The role of aspirin in preventing cardiovascular events or preventing recurrence will be based on many things, and your health care provider can help you make the decision to use or not use aspirin.



About the Author: *Janice D. Nunnelee, PhD, RN, CVN, ANP, is the medical editor of Keeping in Circulation. Janice is a certified vascular nurse and an adult nurse practitioner.*

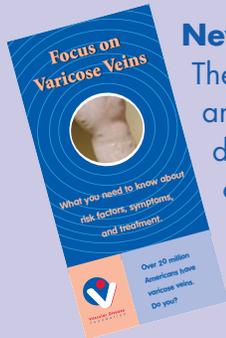
*Coumadin is a trademark of Bristol-Myers Squibb Company

Contact the Vascular Disease Foundation at 1-888-VDF-4INFO or www.vdf.org

IN THE NEWS

CV Therapeutics Joins National Corporate Advisory Board

The VDF welcomes CV Therapeutics to its National Corporate Advisory Board. The goal of the board is to reduce the devastating effects and mortality from vascular disease by providing support, participating in an annual roundtable discussion on vascular health initiatives, and helping keep vascular health concerns high on the national agenda. CV Therapeutics joins other leading companies that are members of the National Corporate Advisory Board, including Diomed Holdings, Inc., Cordis Endovascular, Bristol-Myers Squibb/Sanofi-Synthelabo, Bard Peripheral Vascular, Harrah's Entertainment, and W.L. Gore.



New Brochure

The VDF has just published a new brochure about varicose veins, made possible through an unrestricted educational grant from VNUS Medical Technologies, Inc. The brochure discusses risks, signs, symptoms, diagnosis, and treatment. Contact us by letter, e-mail, or phone to have an individual copy sent to you. Additional copies are available for health-care professionals.

Medicare Prescription Drug Benefit Enrollment Begins

Starting November 15, 2005, everyone on Medicare can sign up for new prescription drug coverage, which will begin January 1, 2006. This new benefit is a result of the *Medicare Prescription Drug, Improvement and Modernization Act of 2003*, which offers voluntary Medicare prescription drug coverage for the 42 million seniors and people with certain disabilities who are on Medicare. The Medicare Prescription Drug Benefit provides persons with Medicare coverage access to a wide array of medicines. Enrollees have a choice of using brand or generic medicines and of receiving medicine from their local pharmacy or through the mail.

To get this prescription coverage, you must enroll, choose a Medicare-approved prescription-drug plan in your area that meets your needs, such as medications you take for vascular disease, as well as heart disease, high blood pressure, high cholesterol, diabetes, and others. Each plan will cover different medications and have different costs, so review them carefully to save money on your prescription drug costs.

Remember that you have to sign up. To request a free brochure on how to get started with Medicare prescription-drug coverage, call **1-800-MEDICARE (633-4227)** or **get more information online at www.MedicareRxEducation.org**.

Combined Federal Campaign Information

If you're a Federal employee or military personnel, please consider supporting the VDF through the Combined Federal Campaign (CFC). The CFC is the annual workplace fundraising drive conducted by Federal employees each fall. Designate VDF as your charity of choice by placing our official campaign number, #2527, on your pledge card.

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Board Leadership

Gloviczki Closes Successful Term as VDF President



At the VDF Board of Directors meeting in Chicago on May 4, 2005, the Directors thanked Peter Gloviczki, MD, for his service as president of the Vascular Disease Foundation (VDF). Chairman Dennis Newman presented a magician's hat to Dr. Gloviczki to represent the magic that he worked while serving as president. Dr. Gloviczki, who is both a renowned vascular surgeon and a world-class magician, wowed the VDF Directors with a few minutes of sleight-of-hand magic. Dr. Gloviczki's leadership, knowledge, and ability to connect with a wide range of vascular experts were wonderful assets that contributed to the growth of the VDF and its work to raise awareness about vascular disease.

Stepping into the president's position is Alain Drooz, MD, who served as president-elect during the past two years. Dr. Drooz is an interventional radiologist in private practice in Virginia. He has been a member of the VDF Board of Directors since 2001. Dr. Drooz' passion for and commitment to the mission of the VDF will become evident as he leads the organization for the next two years.

Five Years of “Keeping in Circulation” at the Gardens!

On a beautiful Colorado morning, the VDF sponsored its Fifth Annual “Keeping in Circulation” program and event at the Denver Botanic Gardens. Participants came to learn about PAD and to take advantage of free screenings. This year's event on August 23 began with a welcome from VDF Executive Director Sheryl Benjamin, a presentation on PAD by **Erica Mitchell, MD**, and a presentation on PAD and exercise by **Erin Wochos**. Informational handouts were available from the American Diabetes Association, the American Heart Association, the Cardiovascular Research Center at the University of Colorado Health Sciences Center, Sanofi-Aventis, and Wyeth. Nutritious snacks were provided by the Capitol Hill Wild Oats Market.



Participants were offered a free ankle-brachial index (ABI) screening, which is often the first test used to detect the presence of PAD. The screenings were conducted by **Hank Arellano, RVT**, **Dan Gauthier, RVT**, **Erin Wochos**, and **Adam Laughlin**. We appreciate our speakers and volunteers for taking time from their busy day to provide this successful program for the numerous participants. We thank our sponsors: **Denver Botanic Gardens**, **The Barbara Bridges Family Foundation**, **Summit Doppler**, **Wild Oats Market**, **Safeway**, **King Soopers**, **Porter Adventist Hospital**, **Vascular Institute of the Rockies**, **Cardiovascular Research Center at the University of Colorado Health Sciences Center**, **Wyeth**, **Colorado School of Healing Arts**, and **Sanofi-Aventis**. These volunteers and generous sponsors truly helped make this fifth event a success.

Frequently Asked Questions

- Q.** I just got out of the hospital where I had toes and part of my foot removed because of vascular disease. I also had a vascular bypass in my left leg. Will exercise, like on a stationary bike, help?
- A.** Yes, bicycling is good for overall cardiovascular health and to keep muscles working. When you are able, it is important that you start walking again. Walking uses the muscles that are affected by PAD improving circulation to the calves and lower legs. Ask your doctor to provide some specific instructions for exercise, based on your condition and the results of testing.
- Q.** Please explain the difference between PVD and PAD.
- A.** Although these terms are often used interchangeably, there is a difference between them. Peripheral vascular disease (PVD) is a broad term used to identify the group of diseases that affect the arteries, veins, and lymphatic system of the body other than the heart. PVD encompasses peripheral arterial disease (PAD), which is a more specific disease that describes a narrowing or blockage of the arteries to the legs due to the build-up of plaque and stiffening of the artery walls, known as atherosclerosis.
- Q.** Are there any vitamins or herbs that will help stop PAD from getting worse? I have heard that vitamins will help. Is this true?
- A.** There may be some potential benefit from vitamins B6, B12, E, and thiamine. However, no scientific studies have proven this. Such measures for treating PAD are of debatable value compared to the proven benefits of a supervised exercise program, anti-platelet medication, control of high blood pressure and cholesterol, and cessation of SMOKING, which by far can help the most.
- Q.** Over the last three to six months, my right big toe turns blue-purple when I am sitting down. When I get up to walk after about a minute, the color starts to return to my toe. Now I am noticing that my left big toe is starting to do the same thing. I went to my GP who thought it was an ingrown toenail, but I have no toe pain. I have noticed also that my feet are often cold. Circulation problems do run in my family and my mother has had blood clots and deep vein thrombosis. Should I be concerned and should I see a vascular specialist?
- A.** It is good that you have no pain. However, color changes could be indicative of other problems such as clots or artery compression. It is advisable to see a vascular specialist if you have any unusual symptoms, especially with your family history of vascular disease. The doctor can do some tests and initiate early treatment, if appropriate, which can prevent more significant problems.

Medication Help

Help for patients who lack prescription coverage for medicines they need may now be easier to access. A new coalition, the Partnership for Prescription Assistance, brings together pharmaceutical companies, doctors, advocacy organizations, and others to help qualifying patients access more than 475 public and private patient assistance programs, which offer over 2,500 medications. To see if this coalition can help direct you to a program, call toll-free at 1-888-477-2669 or log onto VDF's Web site at www.vdf.org and click the left side tab, "Resources."

Important notice: The VDF never makes solicitations by telephone. Nor do we use other groups or organizations to request donations on our behalf. We send requests only directly, via mail or this newsletter. The VDF is designated a 501(c)(3) organization for tax purposes by the Internal Revenue Service.



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Permit No. 94



Keeping
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the official newsletter of the Vascular Disease Foundation

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Newsletter designed by Concepts Unlimited

Helping Make a Difference for Vascular Disease

The holiday season is upon us and increasing numbers of people are purchasing products on the Internet because it is easy and safe. You can help the VDF at the same time you purchase products! VDF is registered on two online shopping malls, which have hundreds of the same stores at your local malls, plus more. These stores contribute a percentage of your purchase to VDF as your designated cause based on the amount of your purchase. All you have to do is register (if you haven't already), designate VDF as your cause, and shop. Shop at www.iGive.com or at www.shopforcharityday.com.

Can't find that perfect holiday gift? Send a contribution to the VDF. We'll send a card to your friends, family members, colleagues, or business clients letting them know that a gift has been made in their name to benefit the thousands helped by the VDF. It's a fast and easy way to finish your holiday shopping – plus it benefits a great cause.

Thanks to

the following for providing unrestricted educational grants for this newsletter



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