

Meeting AHA/ACC Secondary Prevention Goals In A Vascular Surgery Practice: An Opportunity We Can't Afford To Miss

Objective:

In an effort to reduce cardiovascular mortality, patients with Peripheral Arterial Disease (PAD) should undergo risk factor modification according to the AHA/ACC Secondary Prevention Guidelines (hereafter, *Guideline*). We assessed compliance with the *Guideline* in a group of patients with PAD.

Methods:

We evaluated 200 consecutive patients with PAD seen by a university-based vascular surgery practice. The subjects comprised patients who had been seen previously in our clinic (established) and new referrals (new). Data were collected from patient interviews, medication histories, and laboratory records. Compliance with each of the *Guideline* goals was evaluated. Differences in compliance between established and new patient groups were also compared.

Findings:

Most patients did not achieve the secondary prevention goals recommended in the *Guideline*. Established patients were significantly more likely than new patients to achieve goals for LDL level (44% vs. 26%), and for B-blocker (47% vs. 32%) and statin use (70% vs. 51%) ($p < 0.05$). A trend towards increased use of antiplatelet agents and increased frequency of exercise was also found in the established group.

Conclusion: Compliance with the *Guideline* is suboptimal in patients with PAD.

Secondary prevention goals were more often achieved in the established patient group suggesting that management of risk factors by a vascular specialist can lead to improved compliance with the *Guideline*. A targeted effort towards risk factor modification in patients with PAD could improve compliance with the *Guideline* and reduce cardiovascular mortality.