

#10 RANDOMISED CONTROLLED TRIAL FOR THE TREATMENT OF CLAUDICATION DUE TO FEMORO-POPLITEAL DISEASE.

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Objectives: To compare Percutaneous Transluminal Angioplasty (PTA) versus Supervised Exercise Programme (SEP) versus PTA+SEP in the treatment of intermittent claudication (IC) due to femoro-popliteal disease

Methods: 70 grade II claudicants (38 men, median age 70 years) with an angioplastiable femoro-popliteal lesion were randomised to one of 3 groups: SEP, PTA or PTA+SEP. Ankle pressures, walking distances and quality of life (QOL) questionnaires (SF-36, EUROQOL and VASCUQOL) were completed for all patients. Median follow-up was 180 days (range 30 to 365 days).

Results: Median initial claudication distance (ICD) was 34.1 metres and maximum walking distance (MWD) was 88.2 metres. Median baseline ABPI on the symptomatic side was 0.75 and 0.95 on the asymptomatic side. ISCVS suggested outcome criteria are used to assess response to treatment.

	SEP alone 23 patients	PTA alone 24 patients	PTA + SEP 23 patients
Patients improved after treatment	56.5%	66.6%	82.6%
Outcome -1 (mild deterioration)	2	2	2
Outcome 0 (no change)	6	8	2
Outcome +1 (mild improvement)	12	10	12
Outcome +2 (moderate Improvement)	4	3	6
Outcome +3 (significant improvement)	0	0	1
Median MWD increase	61.2 m.	28.8 m.	66.9 m.
Median ABPI increase (symptomatic side)	0.004	0.01	0.18

All three groups demonstrated significant QOL improvements. VASCUQOL measured disease-specific QOL improvement was significantly greater in PTA+SEP compared to SEP or PTA alone (p=0.046, Kruskal-Wallis Test).

Conclusion: In the treatment of IC due to femoro-popliteal disease, PTA+SEP produces a greater improvement in clinical outcome measures and disease-specific QOL as compared to PTA or SEP alone.