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Peripheral Arterial Disease in People With Diabetes

Response to consensus statement

As a general internist, I read the newest American Diabetes Association consensus statement (1) on peripheral arterial disease (PAD) in diabetic patients with great interest. In the statement, it is recommended that "a screening ABI (ankle-brachial index) should be performed in patients >50 years of age who have diabetes." The justification for this recommendation seems to be that PAD in diabetic patients is common, underdiagnosed, and results in increased morbidity.

I had assumed that the consensus statement was based on solid evidence, such as a systematic review. What seems to be lacking in this recommendation, as pointed out in the consensus statement, is proof that treating risk factors other than smoking halts the progression of or decreases morbidity in PAD.

As a pragmatist, I wonder what percentage of primary care providers currently own a Doppler machine and have been trained to use it and how many will purchase a $500 machine based on the recommendations of this consensus statement? How many minutes will it add to the day to screen all diabetic patients, and will insurance companies reimburse for screening asymptomatic patients? How often should screening be repeated? Will asymptomatic patients under optimal management benefit from knowing they have moderate PAD?

Would it not be better to make such a recommendation for screening after the evidence suggests benefit from tighter control of hyperglycemia, hypertension, and dyslipidemia?

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Peripheral Arterial Disease in People With Diabetes

Response to Hoyt

The American Diabetes Association develops evidence-based clinical practice recommendations, or position statements, on medical issues related to diabetes. These statements are typically based on a thorough, balanced review of the literature.

Consensus statements are developed when there are clinical issues and insufficient evidence to produce a definitive position statement, as is the case for peripheral arterial disease (PAD) in diabetes. Before the development of a consensus statement, a panel of experts listens to presentations on the particular subject. A consensus statement represents the panel's collective analysis, evaluation, and opinion, based in part on the presentations.

Based on the available evidence and the prevalence and burden of PAD in diabetes, the consensus panel believes that reasonable recommendations were made regarding screening and treatment.

A primary reason to diagnose PAD is to identify a person who has a high likelihood of having a cardiovascular event and begin intensive risk-reduction interventions. Although diabetes alone is considered a cardiovascular disease risk equivalent, most diabetic patients are not under optimal management. In fact, a recent study (1) found that just 7.3% of patients with diabetes meet the recommended goals for HbA_{1c}, blood pressure, and cholesterol. A diagnosis of PAD confers additional cardiovascular risk to the patient with diabetes and gives further impetus to aggressively manage risk factors that may be overlooked.

A diagnosis of PAD may also prevent a limb-threatening event. This applies especially to the asymptomatic patients who may suddenly develop critical limb ischemia. Thus, patients with diabetes and PAD should be placed in preventative care by foot care specialists. This includes skin care, nail care, and shoe prescriptions as recommended by the American Diabetes Association (2).

When medical societies and other organizations agree that particular screening tests are important and impact outcomes, reimbursement may likely be influenced. The panel believes that publishing these screening recommendations is the first step to ensuring that government and other health insurers reimburse for the ankle brachial index, the preferred screening test for PAD, in the future to help defray the costs of extra time and equipment that the busy practitioner must incur.

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