INVITED COMMENTARY

Commentary on ‘Peripheral Artery Disease: A Marked Lack of Awareness in Ireland’

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Cronin et al.1 evaluated peripheral artery disease (PAD) awareness in patients and the public population in Ireland, including related terminology, identifiable risk factors, and potential sequelae of the disease. They showed that self reported PAD awareness in southeast Ireland was at a considerably lower level than that of other vascular disease. Largely contributing to this low awareness was a lack of familiarity with the term PAD. This is an interesting study that might help in defining future preventive strategies; however, some limitations of this study must be discussed.

The first point is case selection and recruitment. The authors studied a selected in hospital population of 216 patients over 40 years of age, and 120 members of the public who were accompanying patients at the same clinical settings. The members of the public who were accompanying the patients are not considered to be patients, but as they were accompanying patients their awareness of certain pathologies could be overestimated, even for PAD. PAD awareness could also be slightly overestimated in this population that demonstrated a higher rate of smokers, diabetics, and hypercholesterolemic patients than the general population. However, these two points are in accordance with the leading message: we need an educational program regarding PAD to set up preventive strategies.

The second point is that participants unfamiliar with the terms of PAD, were provided with the explanation that PAD is a “disease of the arteries of the legs, a blockage or narrowing of the arteries, affecting the circulation” before proceeding to subsequent questions. However, there is no way of knowing whether participants understood this explanation, and how this affected the accuracy of their responses to subsequent questions. The lack of awareness of the term is a limitation when studying public perception of the condition. Moreover, all responses were based on self reported patient perception, rather than on formal assessment of knowledge, which could result in recall bias.

The last point is that the results and conclusions are not easily transferable to the overall population. This study, conducted in Ireland, showed a 19% level of PAD awareness. Different low levels of PAD public awareness have already been demonstrated in large population based studies from the USA (26% aware)2 and Canada (36% aware). To date, there are no data concerning PAD awareness in Europe, except in the Netherlands (20% aware).4 However, despite this awareness variability, these studies provide a baseline regarding the current status of PAD awareness, demonstrating that the public is largely unaware that PAD is associated with leg symptoms and amputation. Otherwise, it is well known that there are awareness differences in the population itself, regardless of ethnicity, socioeconomic status, gender, and health disparities.2

Finally, the authors emphasize the need for public education programs. However, there is still a lack of awareness among primary care providers.5,6 To this end, PAD education campaigns should also be directed toward primary care physicians.

In conclusion, the study investigates an interesting topic, highlighting lack of awareness of PAD and the need for educational programs in order to set up preventive strategies. The need for an agreed, simple terminology to describe PAD, which is easily understandable and memorable is also mandatory. Patients at risk of PAD should be routinely screened to give them early appropriate management.

REFERENCES


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A 23 year old woman was admitted after a road traffic accident. Initial examination showed a seatbelt hematoma on the abdomen. A CT scan showed a compression-distraction fracture (type B injury) of the third lumbar vertebra with displacement in the spinal canal. Additionally, the abdominal aorta showed irregular contours, but no active bleeding. The pre-operative MRA confirmed a distal aortic lesion (left image). Diagnostic laparotomy was performed and revealed colonic lesions and a contained aortic rupture (right image), which was repaired with an aorto-aortic tube graft. The vertebral fracture was subsequently treated by percutaneous stabilization and kyphoplasty via dorsal access.

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