Basic data concerning associated coronary disease in peripheral vascular patients

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The Coexistence of Abdominal Aortic Aneurysm and Advanced Gastric Cancer Associated with Recurrent Angina After Coronary Artery Bypass Grafting
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Simultaneous Operation for Minimally Invasive Direct Coronary Artery Bypass and Abdominal Aortic Aneurysm Repair
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Limited data exist concerning the impact of diffuse vascular disease (DVD) on prognosis and costs. Thus, the objective of this study is to estimate the impact of DVD on morbidity, mortality and costs. Studies have demonstrated that history of PAD is associated with more extensive coronary artery disease (CAD) and higher death rates [3, 10] in patients suffering a coronary artery event. Moreover, evidence shows that this subgroup is often under-diagnosed and frequently undertreated; only 25% of patients diagnosed with PAD receive treatment despite having an increased risk for poor outcomes [9, 11]. Background Guidelines recommend that patients with peripheral arterial disease should be medically treated to reduce the occurrence of serious cardiovascular events. Despite these recommendations, studies conducted in the early 2000s reported that medical therapies for secondary cardiovascular prevention are not given systematically to patients with peripheral arterial disease (PAD). We identified factors associated with the prescription of preventive therapies in patients with symptomatic PAD. The mean age was 70 years and 43% had a pre-existing coronary artery disease. Antiplatelet therapy was the most prescribed drug (83%). Patterns of medical therapy in patients with peripheral artery disease in a tertiary care centre in Canada. Can J Cardiol.