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# Keeping In Circulation

the official newsletter of the Vascular Disease Foundation

## our mission

To reduce death and disability from vascular diseases and improve vascular health for all Americans.

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## A Walking Wonder

At 73 years old, Jim Mosetter has an attitude—and a heart—that won't quit. With ten stents in his arteries, he's still going strong. Jim's story starts the same as many others: He had pain and ignored it. For three months, he experienced mild pain in his chest that he didn't pay attention to until it became so great he found himself in the hospital.

Jim and his wife Isabel were attending an event at Fort Mifflin in Philadelphia when Jim started to feel unwell. He went to rest in the car and all of his friends kept checking on him. Later on, when he still wasn't feeling well, his wife called the ambulance. At the hospital, the doctors confirmed that he had indeed suffered a mild heart attack and performed open heart surgery on him.

That was nearly eight years ago. After almost 50 years of marriage, Isabel was relieved that he was OK for the time being. Jim and Isabel had met when they were in college and, in Jim's words, he "didn't marry her soon enough." In the early years they lived on Chinese food, and Jim "wined and dined" her on cinnamon rolls and coffee. They had one child together, a son, and now have a 22-year-old granddaughter, Stephanie.

While Jim and Isabel still share Chinese food on occasion, their bigger mutual passion is participating in Revolutionary war re-enactments and providing living history about the war. They dress up as real people from that time period and answer questions about the war.

"It was our son who sparked our interest over 38 years ago. We took him to Independence Hall for a presentation with Red Skeleton and he was fascinated with the soldiers," said Jim. "After the presentation, we went to talk with them and they invited us to Fort Mifflin. I've been hooked ever since and Isabel followed soon after."

While it is Jim's passion to continue to provide living history about the war to anyone who asks, the "war" with his arteries continued after his open heart surgery.

Within eight months of that surgery, Jim's pain started again, and once more he found himself back in the hospital. The doctors performed surgery to place three stents in his heart arteries to address the blockages he had. Around this same time, he began to experience claudication, or pain in his legs when walking.

It was in November of 2001 that Jim first met Dr. Emile Mohler, a vascular medicine specialist at the University of Pennsylvania, who confirmed a suspected diagnosis of peripheral arterial disease (PAD). PAD occurs when the arteries that supply blood



Jim Mosetter (pictured left) and his wife Isabel (far right) celebrate their granddaughter Jennifer's (center) high school graduation.

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## A Walking Wonder cont. from page 1



Jim and Isabel Mosetter dressed in their Civil War attire in West Chester.

to the legs become blocked. It was not a real surprise to Dr. Mohler, since having blocked arteries in one part of the body is a risk factor for having blocked arteries in other parts of the body. It is common for blocked arteries in the heart to be associated with blocked arteries in the brain and legs.

“Jim came to see me for claudication and risk-factor modification (management of blood pressure and cholesterol),” said Dr. Mohler. “I invited Mr. Mosetter to participate in a gene-therapy study that we were offering at the university.”

The study Jim participated in was the “Regional Angiogenesis with Vascular Endothelial Growth Factor (VEGF) for PAD” study. The study, which had over 100 participants, sought new ways to improve the growth of new blood vessels as a way of bringing more blood to the legs in patients with PAD.

Unfortunately, the study proved inconclusive and did not benefit Jim or the other participants, “I had so much pain in my legs that I could barely walk,” said Jim, “but I was happy to volunteer to see if the treatment might help others.”

Dr. Mohler continued to prescribe a regimen of exercise and some medications to help manage Jim's blood pressure and cholesterol, and his symptoms improved somewhat. Jim now has a regimen of over ten medications, including anti-platelet medications. He was stable for about two years when his chest pain started again. According to Dr. Mohler, Jim was not considered a candidate for angioplasty of the legs.

Jim had another episode right before his and Isabel's 50th wedding anniversary, which they celebrated by taking a trip to Hawaii. While they were in the air on the way home from a “wonderful time,” Jim began to experience chest pains

once again.

“We were 30,000 feet in the air and I didn't want to worry Isabel,” he said. “We had had such a wonderful time that I just kept popping my nitro (nitroglycerin tablets) and praying everything would be alright.”

The next day Jim again found himself in the doctor's office. He was catheterized and had five more stents placed in his arteries. At about this same time, the doctors ran additional tests and discovered that Jim's blood sugar was high and diagnosed him with diabetes.

Through medication they were able to control his blood sugar, but he then started to experience a sensation of pins and needles in his feet. Without a formal diagnosis, this pain could be characterized as peripheral neuropathy, a common effect of diabetes (see article on page 3 for more information about neuropathy) that affects the feet.

Jim comes from a “strong Irish family” that does have a history of heart disease and diabetes. He also smoked a pipe for many years, but stopped after he had his heart attack. He has five doctors that he still sees, including Dr. Mohler.

“Jim is a real gentleman, a gentleman with a limp,” said Dr. Mohler. “While he is currently stable, we need more research to find new ways to open up and grow new blood vessels for him and others with a similar condition.”

Jim worked as a paint salesman for over 40 years and has now retired, but he strives to have fun and enjoy himself every chance he gets. While he continues to have leg pain and now has trouble with his knees, he takes medication to manage his blood pressure, cholesterol, and blood sugar, takes daily walks, and he stays as active as he can. He quit smoking after his first heart attack. These are all important risk factors which people need to be aware of when managing heart disease and PAD. He and Isabel continue to travel around to various states on the East Coast to provide history and participate in war re-enactments.

“I am married to a wonderful woman and now I have a beautiful granddaughter,” says Jim. “The key to life is to make the best of what you got and just have fun. The doctors say that 'I'm a walking wonder and it's a wonder I'm still walking'. Maybe so, but I'm still here and going strong!”



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# Neuropathy

Neuropathy is a condition that affects the *peripheral nerves* (the nerves that connect the spinal cord to the rest of the body). It causes weakness, numbness, tingling, burning sensations, and pain, primarily affecting the hands and the feet. It can be debilitating, interfering with work, sleep, and normal daily activities. Some people are concerned that this pain is related to circulation, which it is not. About a third of neuropathy is “idiopathic”—meaning the cause is not known. The rest are effects of other diseases such as diabetes or kidney failure. It is estimated that about 20 million people in the United States have neuropathy.

Even though there are many reasons for neuropathy, diabetes is the most common cause. If you've had diabetes longer than 25 years, have poorly controlled blood sugar, or have diabetes and are over age 40, your risk of developing neuropathy is much greater. Getting your blood sugar under control early in the disease may prevent neuropathy but may not reverse it once it has occurred. Other conditions that can cause neuropathy are the following:

- Alcohol abuse
- Vitamin deficiency (particularly B1 or B12)
- Auto-immune disorders or immunocompromised state
- Cancer
- Kidney or liver disease
- Repetitive stress or pressure on one nerve area
- Exposure to toxic substances
- Inherited disorders
- Amyloidosis (a disease in which proteins are deposited in areas of the body)
- Bacterial or viral infections (may cause an acute neuropathy called Guillain-Barre Syndrome)

If you have diabetes or poor arterial circulation, make sure you see your health-care provider regularly and have

your feet checked. If you have a cut or open sore on your foot that is not healing, seek medical help promptly. If you notice tingling, numbness, pain, or weakness in your hands or feet, be sure you tell your health-care provider. If the pain or numbness interferes with your sleep, there may be something your provider or a pain specialist may do.

Neuropathy may be difficult to diagnose, and sometimes the cause is unknown. The examination will include a full history, physical examination, and neurological exam (which may include testing reflexes, muscle strength, and ability to feel something such as a pin prick). Testing may include testing for diabetes, a B12 level, thyroid tests, and an EMG (electromyography), also known as a nerve conduction test. Occasionally a nerve biopsy may be necessary.

Treatment of neuropathy depends on the cause. With diabetes, you and your health-care provider will work on getting your blood sugar close to normal, and vitamin deficiencies can be helped with specific supplements.

Autoimmune disorders each have their specific treatment, as do repetitive stress and toxic-substance exposure. Pain relievers may be used as well as anti-seizure medications. Anti-depressants may be used in mild to moderate neuropathy. Transcutaneous electrical nerve stimulation (TENS), biofeedback, hypnosis, and acupuncture may also be recommended.

If you smoke, you should stop smoking. Take care of your feet and check them daily for cuts or sores. Protect your feet and always wear closed-toe, well-fitting shoes. With your health-care provider's permission, you should engage in regular exercise. Make sure to eat healthy foods—particularly low-fat food, and lots of fruits and vegetables.



## Excellence in Care—Make It a Holiday Tribute to Someone Special!

If you know of a health-care provider or medical professional who has shown you or your family special kindness or care that you feel deserves recognition, nominate him or her for VDF's Excellence in Care Award! Tell us whom you'd like to nominate and why you feel he or she deserves recognition. We'll acknowledge these special individuals in a future issue of *Keeping In Circulation* and on VDF's Web site, plus they will receive a special certificate of acknowledgement. What a wonderful holiday gift! Just drop us a note with a tax-deductible donation of \$50 or more to VDF Excellence in Care, 1075 S. Yukon Street, Ste. 320, Lakewood, CO 80226. If you send in your nomination by December 10th, we'll make sure your honoree receives his or her special certificate by December 25th!

# Peripheral Arterial Disease in People with Diabetes



While it has long been recognized that diabetes is a risk factor for the development of peripheral arterial disease (PAD), it was not clear to many doctors and their patients the exact prevalence and the impact on the quality of life which PAD has in people with diabetes. PAD refers to the narrowing and blockages that occur in the lower extremities that limit blood flow and circulation to the legs and feet. The impression has been that people with diabetes are more commonly afflicted with PAD.

In 2003, the American Diabetes Association (ADA) convened a panel of experts to present their knowledge in order to reach a consensus on the issues of PAD in people with diabetes. Several striking conclusions were presented in the consensus statement issued by the ADA and endorsed by VDF.

First, PAD is much more common in people with diabetes than previously thought. Based on several large screening studies, PAD was found to be present in approximately 25% of the subjects, or one in four individuals with diabetes over the age of 50. The development of PAD seems to “incubate” during the stage of pre-Type-2 diabetes, where the blood sugar may still be relatively normal. The metabolic changes in blood fats or lipids, blood pressure rises, and resistance to the healthy effects of the body's own insulin, all may explain why many people with

Type 2 already have PAD at the time when they are first diagnosed with diabetes.

The reason that PAD in people with diabetes has gone undetected for so long is that most people have no symptoms. Most do not have *intermittent claudication*, the gripping pain in the calves or legs with walking that is relieved by rest. If people do have symptoms, they may be subtle initially, such as slow walking speed, or fatigue, or heaviness of the legs. These are often not recognized as being a disease but instead are believed to be changes that occur simply from getting older. Worse yet, research has shown that, unless addressed and treated, these functional changes will continue to deteriorate and can lead to disability.

Diabetes increases the likelihood that PAD will be present without symptoms. As a risk factor, diabetes is unique in that it allows PAD to affect the smaller blood vessels below the knee rather than the usual impact in the larger blood vessels in the thigh or in the pelvis. This makes PAD in the presence of diabetes less likely to cause pain and symptoms. In addition, PAD in diabetes is almost always accompanied by neuropathy, or nerve damage in the lower legs, which may also mask circulation discomfort. Despite the lack of symptoms, people with PAD and diabetes often have significant functional impairment, especially in walking speed and distance. Diabetic patients with both neuropathy and PAD are also at increased risk for developing a non-healing sore on the legs, or even needing an amputation.

PAD has been associated with a high risk of heart attack or stroke, and this is even more so in a person with diabetes and PAD, where it is estimated that about one out of three will have such an event over five years. Fortunately, a lot of this excess risk can be lowered with proper treatments of diabetes, cholesterol, and blood pressure. Blood thinners such as aspirin may be used.

Even though most people have no symptoms, screening for and diagnosing PAD are important. It can identify someone at high risk for heart attack and stroke, and can uncover symptoms and poor function of movement which could lead to disability and, at worst, amputation or death.

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## PAD and Diabetes *cont. from page 4*

The best way to screen for PAD is a measurement of the blood pressure in the ankle. When this blood pressure is compared to that in the arm, an ankle-brachial index (ABI) can be calculated. The blood pressure in the ankle should be about the same as that in the arm. When the ankle pressure is lower than that in the arm, the diagnosis of PAD is made.

The test can be performed in a doctor's office or a hospital laboratory using a blood-pressure cuff and a special microphone called a Doppler. According to current treatment guidelines, an ABI should be performed on anyone with diabetes over 50 years of age.

When someone with diabetes has been found to have PAD, there should be focus on two treatment objectives. The first is strictly addressing the high risk of heart attack and stroke by treating the factors of diabetes, hypertension, cholesterol, and blood clots. The second treatment objective is to improve the symptoms and function of the legs in order to prevent disability and limb loss.

To prevent heart attack and stroke, the ADA recommends that patients “know your ABCs,” which are explained as follows.

### The goals of treatment are listed below:

- A** A1c: less than 7%
- B** Blood Pressure: less than 130/80
- C** LDL Cholesterol: less than 100 mg/dl

While the blood sugar (A1c measurement above)

is important for overall health, the benefits are greater with cholesterol and blood pressure management. Almost every person with diabetes and PAD should be on a “statin” drug with a goal of an LDL cholesterol under 100 mg/dl, and, for some, even less than 70 mg/dl. As for blood-pressure control, more than one medication is often required.

In addition, all patients with diabetes should be taking something to prevent the blood clots that cause heart attacks and strokes, such as a baby aspirin. Some patients with diabetes and PAD may benefit more from a prescription medication called clopidogrel.

For symptoms and poor walking ability from PAD, supervised exercise in a rehabilitation facility or clinic has been shown to be extremely effective treatment. The recommendation is 35 minutes of treadmill walking three times a week initially, and a gradual increase to 50 minutes per session. A prescription medication, cilostazol, may also increase walking distance. In more severe cases, invasive procedures such as balloon angioplasty, stenting, or bypass surgery may be required.

If you are over 50 years of age and have diabetes, ask your provider about checking for PAD. There are many things that can be done to save limbs and



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# How to Fight Back Against LEG PAIN



There are many conditions which can cause leg pain, such as disease in the joints, back problems, compression of nerves, or irritated ligaments that cause pain to the legs, and disorders that affect the nerves themselves (see neuropathy article on pages 3). Another cause of leg pain can be peripheral arterial disease (PAD).

PAD is also known as atherosclerosis, poor circulation, or hardening of the arteries. PAD worsens over time at variable rates in each individual, depending upon the area of circulation effected and one's health and family history.

Many folks who have PAD have no symptoms or have symptoms which masquerade as something else. One of the more common complaints is leg pain.

If you are having frequent leg pain—especially leg pain that stops you from doing the things you enjoy—do not dismiss it as simply evidence that you are aging. The leg pain associated with PAD occurs in the muscles rather than in the joints like the pain of arthritis. It is not numbness and tingling like the pain associated with back dysfunction. It is not burning pain in your lower legs and feet like diabetic neuropathy. It is not searing pain running down the back of your thigh like sciatica.

Leg pain from PAD likely occurs after you have been walking a bit. Early on, you may notice that the pain resolves fairly quickly when you stop exercising. After you rest a few minutes, you may be able to walk some more, probably for about the same amount of time you walked initially before the cramping occurs. This pattern of cramping is called “intermittent claudication” and it is one of the hallmark signs of PAD.

When you complain to the doctor about your symptoms, he or she may test the circulation in your extremities using a simple, non-invasive test known as the ankle-brachial index (ABI), which is a reliable means for diagnosing PAD. The ABI test involves measuring the blood pressures in the arms and the legs using a small ultrasound device known as a Doppler. A drop in the leg blood pressure is a sign of PAD.

The single most effective treatment for mild to moderate PAD that causes claudication is exercise. You may be wondering, if the primary complaint associated with PAD is pain when exercising, how are you going to exercise to improve your condition. It's very important that you start out slowly with exercise carefully measured to improve, but not aggravate, your disease. As you use your muscles, they will improve in strength and you will be able to walk farther with less pain.

To be effective, you must work to a level of moderate pain, stop after 8-10 minutes, and then rest until the pain goes away. Then, start walking again with moderate pain for 8-10 minutes, and then rest again. This cycle of pain and rest is repeated until you can complete about 50 minutes of total walking time. For most health conditions, the advice is to stop when you feel pain. However, for PAD, the advice is to walk with some pain because this is the stimulus for improvement. These are general guidelines, so be sure to discuss any treatment programs, including recommendations for exercise, with your health-care provider.

For more information about PAD or to download a walking log, please visit [www.vdf.org](http://www.vdf.org) or call **866-PAD INFO**.



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# About . . . Triglycerides



Triglycerides are the chemical form of fat that is found in the blood. They are stored in the fat cells in the body and come from the extra calories from the food that we eat. It doesn't matter what food the calories come from—if you eat more calories than you need on a regular basis, you will probably develop high triglycerides. Heavy alcohol intake increases triglycerides, and some people have high triglycerides as a result of other diseases such as diabetes, kidney disease, and hypothyroidism (low thyroid levels). Some medicines such as steroids, beta blockers, estrogen, tamoxifen, and birth control pills, may also cause triglycerides to be high.

There is no clear evidence that high triglycerides contribute to heart disease directly, but most people with high triglycerides also have high cholesterol. High triglycerides are also a part of the metabolic syndrome. Metabolic syndrome is the combination of high blood pressure, high blood sugar, large waist size, low good cholesterol (HDL) and high triglycerides, which increases your risk of heart attack and developing diabetes.

There are rarely symptoms related to high triglycerides and you will need a blood test in order to find out if you have them. In some hereditary disorders, triglycerides may cause fatty deposits just under the skin. Rarely, high triglycerides can cause inflammation of the pancreas (pancreatitis).

There are several things you can do to lower your triglycerides such as eat less, exercise actively for at least 30 minutes most days of the week, decrease your intake of fats (saturated, trans fat) and alcohol, decrease your cholesterol intake (read labels), and eat fish (rich in Omega-3 fatty acids) rather than meat.

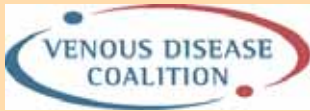
If these interventions do not help, you may need medication such as nicotinic acids (niacin) and/or fibrates. If you have high cholesterol, you may be prescribed a “statin.” It is important to remember that, even if you take medications for your triglycerides, you should still follow the advice such as diet and exercise for lowering your triglycerides.

## 2007 Partner Organizations

These organizations believe in our mission to increase public awareness about vascular disease. Each organization has a representative that serves on the Vascular Disease Foundation's Board of Directors.

American Association of Cardiovascular and  
Pulmonary Rehabilitation  
American College of Cardiology  
American Heart Association  
American Society of Hematology  
American Venous Forum

Society for Clinical Vascular Surgery  
Society for Vascular Medicine  
Society for Vascular Nursing  
Society for Vascular Surgery  
Society for Vascular Ultrasound  
Society of Interventional Radiology



# VDF Launches New Venous Disease Coalition



Congressman Ed Permuter, VDF Executive Director Sheryl Benjamin and VDC co-chair Rob McLafferty at the VDC launch in Washington D.C. in September.

This past September, the newly formed Venous Disease Coalition (VDC) was officially launched at the National Press Club in Washington, D.C. The VDC is a collaborative network of professional and public organizations united by one mission to increase public and health professional awareness of venous disease, including venous thromboembolism disease (VTE). VTE is the third most common vascular disorder after heart attack and stroke and includes deep vein thrombosis (DVT) and pulmonary embolism (PE), which affect almost one million Americans each year.

VTE is preventable, and the VDC is committed to providing public and health-care-provider education about VTE and other venous diseases to improve the quality of life for many Americans.

While the Vascular Disease Foundation has taken the lead in creating this unique coalition, there are 18 other major national public health organizations and professional vascular societies that have joined VDF in partnership toward the important mission of providing public and health-care-provider education about venous diseases. In addition to VDF, participating organizations include the American Academy

of Physician Assistants, American College of Cardiology, American College of Chest Physicians, American College of Phlebology, American Society of Hematology, American Thrombosis Hemostasis Network, American Venous Forum, Anticoagulation Forum, Hemophilia and Thrombosis Research Society, National Alliance of Thrombosis and Thrombophilia, North American Thrombosis Forum, Society for Clinical Vascular Surgery, Society of Critical Care Medicine, Society of Interventional Radiology, Society for Vascular Medicine and Biology, Society for Vascular Nursing, Society for Vascular Surgery, and the Society of Vascular Ultrasound.

The VDC would like to thank our member organizations, and sponsors for supporting our inaugural event! A special thanks to Susan Shurin, MD Deputy Director NHLBI, Congressman Ed Perlmutter (D-07/CO), Representative Michael Rush (D/Boston) and patient spokesperson Michael Hefron for their time and support of the VDC.

For more information, please visit [www.VenousDiseasCoalition.org](http://www.VenousDiseasCoalition.org)



Representative Mike Rush and NHLBI deputy director Susan Shurin at the VDC media briefing. Mike Rush and Susan Shurin, MD both gave presentations of support at the launch.

# P.A.D. Coalition Convenes in D.C.

## New Study Shows Most Unaware of PAD



The P.A.D. Coalition's 4th Annual Meeting took place on September 18, 2007 at the National Press Club in Washington, DC. The meeting began with Coalition Chair Dr. Alan T. Hirsch, MD giving a special report about the new study, "Gaps in Public Awareness of Peripheral Arterial Disease" released on September 17. The study, published in the medical journal *Circulation*, found that three out of four people are not aware of peripheral arterial disease (PAD), a common vascular disease that carries a high short-term risk of heart attack, stroke, amputation and death and affects more than 8 million Americans.

The survey of 2,501 adults found that public awareness of PAD (26%) is markedly lower than other cardiovascular diseases such as stroke (74%), coronary artery disease (67%) and heart failure (67%), though the risk for PAD is equal to or greater than the risk for these conditions. Survey respondents were much more aware of relatively rare diseases that affect far fewer people, including ALS or Lou Gehrig's disease (36%), multiple sclerosis (42%) and cystic fibrosis (29%). While one out of four survey respondents said that they were familiar with PAD, this group had limited understanding of the disease.

Few understood that having PAD significantly increases one's risk for heart attack, stroke, amputation and death. Most did not know the causes or risk factors of PAD. Cigarette smoking and diabetes contribute to the development and progression of PAD, a fact unknown even by many survey respondents who reported familiarity with the disease. Further, more than half of those familiar with PAD do not know that high blood pressure and high blood cholesterol are also risk factors.

The P.A.D. Coalition also presented the Coalition's inaugural Best PAD Research Awards. The Best PAD Research Award honors the work of investigators and acknowledges the creation of new clinical research that is relevant to the understanding of peripheral arterial disease. This year's winners are:

- í Matthew Allison, MD, MPH
- í Andrew W. Bradbury, Professor of Vascular Surgery at the University of Birmingham

The Coalition then awarded the inaugural Community Service Awards to recognize collaborative programs focused on increasing awareness about PAD to high-risk populations, patients and/or the health care community. This year's winners are:

- í The American Podiatric Medical Association was recognized for their lecture series that has reached over 6,000 podiatrists over the last year.
- í Spirit of Women was recognized for incorporating PAD messages into all of their activities.

A briefing on PAD was held for legislators and

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Congressman Charles Rangel (D-15th/NY) and former *Cosby* Show Mom, Phylicia Rashad, met at the Capital Hill briefing. Ms. Rashad expressed the need for increased screenings for PAD.

# Frequently Asked Questions

- Q.** My Mom is 82 and has PAD. Would massage therapy and/or reflexology be helpful (or conversely, harmful) in any way? If so, what type of massage is best?
- A.** Massage or reflexology will not help PAD. Conversely, if the massage is too vigorous, it could break the skin and be harmful. See a vascular specialist in order to get the best treatment possible.
- Q.** I was diagnosed with PAD five years ago and have been taking clopidogrel and aspirin as well as a statin for cholesterol. I have been invited to visit a friend who lives in Colorado and feel hesitant to visit due to the altitude. I have read that altitude affects the vascular system and would like to know if there would be any danger in visiting that area.
- A.** The altitude mainly affects your heart and lungs. If your heart is not functionally properly, then it may affect the blood flow in your legs. PAD alone should not be a constraint to spending time at a higher altitude. Consult your vascular specialist to see if you are at risk for problems.
- Q.** Can the large bulging veins in the calves of the legs swell and burst?
- A.** It is rare for veins, even large bulging veins known as “varicose veins,” to burst without being injured. Support (elastic compression) stockings help with the heavy feeling in the legs as a result of the veins and also provide some protection for the veins.
- Q.** Is it safe to be in a hot tub if you have DVT?
- A.** If you currently have a DVT, you should not be in a hot tub. Ask your health care provider when it would be safe to get back into a hot tub.



Over 300 participants supported this year's VIVA Run/Walk in support of the P.A.D. Coalition.

## VIVA Las Vegas!

Run for your Legs and Your Life tops last year! VIVA '07 again hosted the annual 5K fun run/walk to benefit VDF and the P.A.D. Coalition. This year, the event was held again in sunny Las Vegas, and 305 people registered to help raise awareness about PAD. It was GREAT fun and well worth the cause! More than \$15,000 was raised, and we are grateful to our sponsors: eV3 and Edwards Life Sciences for supporting this event, and VIVA Physicians, Inc., for managing this event to benefit the P.A.D. Coalition.



# 7th Annual Keeping In Circulation Event

In late August, VDF conducted two free public ABI screenings in our home state of Colorado. These important events helped us to educate our local community about peripheral arterial disease (PAD) and offered the opportunity for residents to be tested free of charge to see if they were at risk.

PAD affects 8-10 million Americans and many don't know they have it, what it is, or what to do about it. The ankle brachial index (ABI) is the most common way to see if a person is at risk.

Our Denver event was held at the Cook Park Recreation Center. Drs. Michael Podolak, of Diversified Radiology of Colorado, and Kristine Hoffman, DPM of North Colorado Podiatric Surgical Residency, gave excellent presentations on PAD, diagnosis, treatments, and foot care. Over 50 people attended the event.



Executive Director gives a participant a free ABI test at the 7th Annual Denver Keeping In Circulation event at the Cook Park

The next day, we went to the Colorado Springs Senior Center. Over 65 people came to hear a very

informative presentation on PAD and the ABI exam by Dr. Laura Kissell of Colorado Springs Vascular. Thanks to Bobbi Williams, Kellie Krachowill, Julie Bolkovac, Dan Gautier, Maria Fishman, Ken Jarrell, and David Jones for their time and energy spent at these events.



Dr. Laura C. Kissell of Colorado Springs Vascular, P.C. gives a free talk to a crowded room about PAD at the Colorado Springs Senior Center at the 1st Annual Colorado Springs Keeping In Circulation Event.

Of course, these free public events would not be possible without the wonderful support of our sponsors! Special heartfelt thanks go to our major sponsors, the **Ford Motor Company**, **Humana MarketPOINT**, **sanofi-aventis**, and **Summit Doppler**. We would also like to acknowledge and thank the **Colorado Springs Vascular, P.C.**, **Colorado Springs Senior Center**, **Safeway**, **Colorado School of Healing Arts**, and **Porter Adventist Hospital**.



**TEAM VDF:** For the second year in a row, VDF is sponsoring a group of runners running to raise awareness and fight against vascular disease at the LaSalle Bank Chicago Marathon! Twenty-four runners from around the United States and Canada have trained hard all year to run this challenging race. As of the publication date of this newsletter, Team VDF has raised over \$6,900 towards our fight against vascular disease; a complete update will appear in our winter newsletter. The dedicated team members have personally struggled hard through injuries and other trials and tribulations; won't you please support them in their cause? Even though the marathon will have completed by the time this newsletter is published, Team VDF will accept donations through the end of November. Visit the Team Web site and support a runner today at [www.active.com/donate/vascular-disease](http://www.active.com/donate/vascular-disease). Thank you and thanks to our runners for their hard work and efforts. We would also like to thank our sponsors for supporting Team VDF: **Bard Peripheral Vascular**, **Cordis Endovascular**, **CV Therapeutics**, **DIOMED**, **Red Robin**, **sanofi-aventis**, and **W.L. Gore and Associates**.

# P.A.D. Coalition cont. from page 9

their staff on Capitol Hill. Joining Coalition experts at this event was actress Phylicia Rashad, best known for her role as Claire Huxtable on The Cosby Show. Ms. Rashad spoke about the need for increased screenings for PAD and access to evidence-based therapies so patients can receive treatments to reduce the risks associated with the disease. Senator Mike Crapo (R-ID) also addressed the group and stressed the need to work together to improve the nation's health. Senator Crapo is co-chair of the 110th Congressional Heart and Stroke Coalition and introduced a resolution that proclaimed September as PAD Awareness Month.

Ms. Rashad and Coalition experts also met with Congressional leaders to discuss the need for legislation to make PAD screening available to at-risk Medicare recipients.



P.A.D. Coalition Communications Committee Co-Chair Dennis Milne presents Meg Heim of Spirit of Women with a Community Service Award for incorporating PAD messages into all of their activities.

## NEW! VDF "Ask the Doctor" Live Chat



VDF is proud to offer a new, live, online chat with a medical doctor about different areas of vascular disease. Please join us on Wednesday, October 24th at 10 am CST/11 am MT/1pm EST, for our inaugural live chat with Dr. Heather Gornik of The Cleveland Clinic, who will be answering general questions about vascular disease. You may also submit your questions ahead of time by e-mailing us at [info@vdf.org](mailto:info@vdf.org). Please write "FAQ for Ask the Doctor" in the subject line. Future chats will take place on the third Wednesday of the month. Please visit [www.vdf.org](http://www.vdf.org) and click the "Interactive Resources" tab for more information.

## "In Memory of" and "In Honor of" Envelopes Available

VDF has created a preprinted envelope in response to request from supporters who have contributed "In Memory of" and "In Honor of" a loved one. This can simplify and expedite your desire to memorialize or honor a special person through a donation to VDF. If you would like to receive these special envelopes, call us at 888-VDF-4INFO, contact us by e-mail at [info@vdf.org](mailto:info@vdf.org), or return this form to Vascular Disease Foundation, 1075 South Yukon St., Suite 320, Lakewood, CO 80226

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# Clinical Research Trials

Clinical trials are scientific research studies to evaluate new medications or treatments in human volunteers. The purpose of a clinical trial is to find out whether the treatment is safe and effective. In an ongoing effort to provide the most current information about the treatment and prognosis of vascular disease, VDF lists important clinical trials that may lead to advances in the care of, and eventually the cure for, vascular disease.

In addition to informing the public about advances in research, VDF hopes to contribute to those advances by assisting investigators and providing information to potential enrollees. VDF provides information about clinical trials as a public service and does not specifically endorse any of the trials listed. Consumers should thoroughly read consent forms and consult with their physicians before enrolling in any trial.

More information about clinical trials may be found on VDF's Web site, [www.vdf.org](http://www.vdf.org), or at [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

**Researchers are currently seeking volunteers in the following two trials:**

## **Clinical Research Study for Critical Limb Ischemia**

One trial uses the individual's own stem cells to treat critical limb ischemia (CLI), the most severe form of peripheral arterial disease (PAD) due to lack of blood flow to the leg. Each person stores valuable stem cells in his or her bone marrow and recently, in pre-clinical studies, a special population of stem cells taken from bone marrow has shown an ability to repair ischemic damage and grow new blood vessels. Therefore, a patient's bone marrow stem cells injected back into the patient's leg may have the ability to help treat CLI.

For this study, only people with rest pain and an ABI of below .50 may qualify to participate. Participation involves study-related medical screening and provides study medication and study-related exams at no cost to the subject. The national contact number for this study is 919-484-2571, ext. 245, or visit the following Web site for more information:

<http://www.clinicaltrials.gov/ct/show/NCT00392509?order=1>



## **CLEVER Study (Claudication: Exercise Versus Endoluminal Revascularization)**

The National Heart, Lung, and Blood Institute (NHLBI) is sponsoring a trial for patients with claudication and peripheral arterial disease to compare the effectiveness of exercise therapy versus endovascular treatment of aortoiliac disease. For more information, visit

<http://clinicaltrials.gov/ct/show/NCT00132743?order=1> or contact Joselyn Cerezo, MD, 401-444-1739, or Niki Oldenburg, 612-625-8781.

*The Vascular Disease Foundation and any sponsors disclaim, either explicitly or implicitly, that any of the medications, treatments or devices listed here is safe or effective for the purposes under investigation, or that the test article is known to be equivalent or superior to any other drug, biologic, or device. Additionally, no claims are made regarding the scientific utility and conduct of clinical trials or research studies listed.*

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## IN THE NEWS

**November is Diabetes Awareness Month!** Make sure you manage your diabetes to help avoid vascular disease complications. For more information, visit [diabetes.org](http://diabetes.org).

**The new Combined Federal Campaign (CFC) number is 11851.** If you are employed by the federal government, you can designate a paycheck donation to VDF. Please simply enter our new CFC number 11851 on the form. Thank you!

**The Great American Smoke-Out will be held on the third Thursday in November.** Help a friend to quit smoking and improve the quality of his or her health.

# VDF HealthCasts Continue

The Vascular Disease Foundation is proud to continue its audio HealthCasts that cover all aspects of vascular disease. Our guests are the leading scientific and clinical experts in their respective fields.

HealthCasts are hosted by Dr. David Meyerson and produced by Dr. Kerry Stewart. Dr. Meyerson is a cardiologist at Johns Hopkins and a scientific advisor to VDF. Dr. Stewart is a Professor of Medicine at Johns Hopkins and a member of the VDF Board of Directors.

Here are the latest HealthCasts episodes and topics:

## **Episode 18: Eye Disease: A Consequence of Vascular Disease and Diabetes**

*Dr. Stuart Dankner, a pediatric ophthalmologist in Baltimore, discusses how diabetes affects the eye and how to prevent or delay eye complications. Many of the same risk factors for vascular disease, including diabetes and obesity, also are the risk factors for eye disease.*

## **Episode 19: Raynaud's Disease: A Condition of Vasospasm of Arteries that Occurs with Cold or Stress**

*Dr. Heather Gornik, a cardiologist specializing in vascular medicine in the Department of Cardiovascular*

*Medicine at The Cleveland Clinic Foundation, discusses Raynaud's Disease, a condition in which the arteries in the fingers and toes become suddenly narrowed in response to cold exposure, causing the digits to turn sequentially white, blue, or red.*

## **Episode 20: Abdominal Aortic Aneurysm, Part 1**

*Dr. Elizabeth Ratchford, a vascular medicine specialist at Johns Hopkins and also a member of the VDF Scientific Advisory Board, introduces the topic of abdominal aortic aneurysm (AAA), which is a progressive weakening of the aortic wall that causes a "ballooning" of this major blood vessel.*

## **Episode 21: Abdominal Aortic Aneurysm, Part 2**

*Dr. Elizabeth Ratchford continues her discussion on the topic of abdominal aortic aneurysm.*

HealthCasts may be found on VDF's Web site at [www.vdf.org/resources](http://www.vdf.org/resources), iTunes, Feedburner, Yahoo, and other sites. Listening instructions and a complete description of each episode may be found on VDF's Web site. Our continued thanks go to Drs. Meyerson and Stewart for volunteering their time and energy to the creation and production of these informative HealthCasts.



**HealthCast Hosts Dr. David Meyerson (left) and Dr. Kerry Stewart (right)**

**Listen to HealthCasts at  
[www.vdf.org](http://www.vdf.org)**



**VDF's NEW Online Store!** VDF now has an online store for VDF and the P.A.D. Coalition merchandise and brochures. You may access our new store from our Web site at [www.vdf.org](http://www.vdf.org). You can buy t-shirts and other apparel, as well as gifts such as caps and tote bags. You may also purchase educational brochures, wall charts, and even pins to show your support of PAD awareness! Proceeds will help VDF and the P.A.D. Coalition. It may be your perfect source for a gift for that

## **ANNUAL APPEAL: HELP US CONTINUE TO GROW!**

This fall VDF will be sending out our Annual Appeal. Last year you helped us grow by leaps and bounds! Over three million people from the United States and Canada saw our materials, and that number continues to grow.

Your support helps us to provide free, trustworthy educational information to the families of patients with vascular disease. When our mailing arrives this fall, won't you please consider supporting our mission? Don't want to wait for our mailing? Visit us online and make a secure donation today at [www.vdf.org](http://www.vdf.org). We appreciate your support more than you know. Thank you!



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