

L.E.A.D.

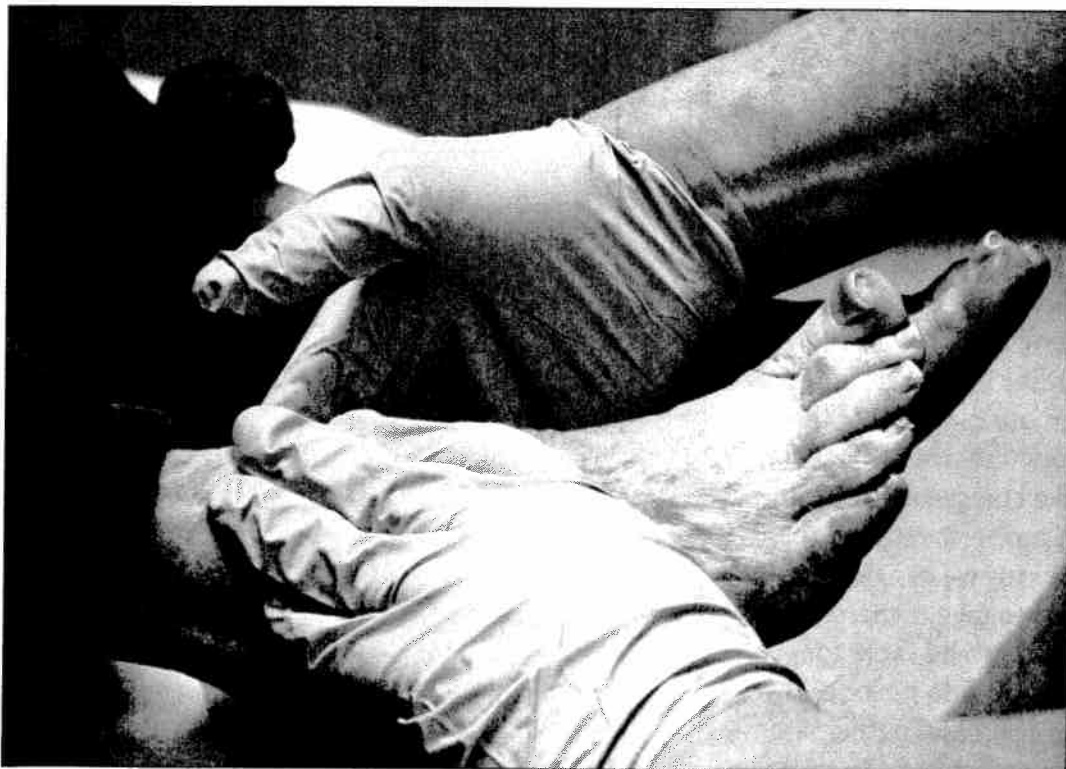
in Older Hypertensive Adults

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Lower-extremity arterial disease (LEAD) also known as Peripheral Arterial disease (PAD) or Peripheral Vascular Disease (PVD) is common in adults with systolic hypertension (raised blood pressure). LEAD develops when the arteries to the lower extremities become narrowed and do not receive enough blood flow to keep up with the demand. In one study of over 1700 participants, LEAD was assessed non-invasively by the ratio of the ankle to arm blood pressure, Ankle-Arm Index (AAI) also known as the Ankle-Brachial Index (ABI). The prevalence of LEAD was 25% in white men, 38% in black men, 23% in white women, and 41% in black women. The prevalence increased with age, and consistently higher in blacks than whites. Independent factors that associated the presence of LEAD included age, black race, smoking, diabetes mellitus, history of

myocardial infarction (MI / heart attack) or angina, high systolic blood pressure, lower high density lipoprotein cholesterol, and obesity with a body mass index over 30. (Newman, et al, AHA Journals.org). The vast majority of PAD conditions are caused by atherosclerosis (hardening of the arteries).

It is essential for a baseline and ongoing assessments for LEAD to be completed by the primary care physician or podiatrist because symptoms of LEAD are often times absent. People with diabetes and / or systolic hypertension are at highest risk for LEAD. Symptoms that may be present are leg pain when walking (intermittent claudication). The location and intensity of the pain depends on the location of the narrowed vessel and severity of the clogged artery. Other signs and symptoms are:



- Painful cramping in your hip or thigh
- Leg numbness or weakness
- Coldness in your lower leg or foot
- Sores on toes, feet, or legs that won't heal
- Change in color of your legs
- Hair loss on your feet and legs
- Changes in the shape of your toenails

Foot Exam on Senior Patient

If you are experiencing any of these symptoms report them to your primary care physician. Do not make the mistake of dismissing symptoms as a normal part of aging.

Through medical management and lifestyle changes many people can manage the symptoms of LEAD and stop the progression of the disease. To prevent, stabilize or improve LEAD:

- **Stop Smoking** – smoking contributes to constriction and damage of your arteries
- **Exercise** – success in treatment is often measured by how far you can walk without pain
- **Eat A Healthy Diet** – heart healthy diet can help control blood pressure and cholesterol levels, add the omega-3 fatty acids to your diet

In addition to the above suggestions, take good care of your feet. People with LEAD and especially those with diabetes are at highest risk for poor healing and infections that lead to amputations. Careful foot care includes:

- Wash your feet daily, be meticulous about drying between the toes
- Moisturize the feet and lower legs, avoid between the toes
- Apply light powder between the toes
- Wear well-fitting shoes at all times, high toe box, wide and long enough, change shoes 2 times per day
- Wear light compression socks (8-12mmhg) to reduce swelling of the feet, make sure socks are dry, change socks 2 times per day



- See board certified foot care nurse or podiatrist for any infections of skin and nails
- See board-certified foot care nurse or podiatrist for trimming of nails especially if there is no caregiver to facilitate safety in foot care
- Avoid walking barefoot
- See your doctor at the first sign of a sore, injury, infection or other condition, such as high blood sugar for no apparent reason

Foot care is now recognized as a board certified specialty in nursing. RNs can become board certified in Foot and Nail Care through the Wound Ostomy Continence Nurses Society National Organization, more information is available on websites such as www.wocncb.org or www.taylordhealth.com for foot and nail care opportunities and certification. Individuals with LEAD and Diabetes are very high risk for limb loss in event of an injury or infection that goes undetected and or non-healing wound that is poorly treated. LEAD is closely related to systolic hypertension. With early and ongoing assessments, diagnosis, early intervention to include medical, and lifestyle management, complications may be prevented and the quality of life enhanced. ℘