

*By Luis F. Tami, MD*

## Atherosclerotic Disease is a Generalized Process

Although the single most important disease entity is coronary artery disease (CAD), cardiovascular specialists are treating atherosclerosis as a generalized process that may affect any organ. Patients may have symptoms in one or two areas simultaneously. If it affects the heart, patients may experience episodes of chest pain or discomfort (**angina**) or heart attacks (**myocardial infarction**). If it affects the carotid arteries, it may result in brain damage (**stroke**). When severe blockages obstruct blood flow to the kidneys they result in severe **hypertension or kidney failure**. Finally, if the leg arteries are affected, patients may have leg pain when walking (**claudication**).

Another consequence of atherosclerosis are **aneurysms**. The most common serious aneurysm occurs in the abdominal aorta. The outcome may be fatal if rupture occurs.

## New Approach in Dealing with Affected Patients

Life expectancy and quality of life among the elderly continues to improve in the U.S. The generally held impression that old age is synonymous with

sickness, disability, and death is incorrect. In fact, three fourths of the elderly have no or only minor limitations of their activities. Over half of the elderly are vigorous and completely independent.

The leading causes of disability and death in the elderly are due directly or indirectly to vascular disease: heart attacks, strokes, and claudication. The traditional approach has been a conservative one because the only therapeutic alternative was major surgery, which was considered "too aggressive" or "too risky" for the elderly.

Recent advances in the non-surgical treatment of coronary and peripheral vascular diseases have created the opportunity for less invasive treatment for the vast majority of vascular patients. This new technology and the improved health of older Americans are changing the previous "indifferent" approach for a new, more active and aggressive, attitude that emphasizes early diagnosis and less invasive treatment.

## Vascular Disease is Evasive and Progressive

Some of the problems that physicians dealing with vascular diseases have to face are:

When patients have symptoms the disease process is advanced.

**Patients** with symptoms may wait too long until the condition is more difficult to treat.

Patients may not recognize (or deny to themselves) that their symptoms are due to atherosclerotic vascular disease ("My leg pains are due to old age or arthritis", "The discomfort in my chest is indigestion").

Patients don't want to see a doctor because they think that surgery is the only alternative, not knowing that in many cases blockages can be treated without surgery and on an outpatient basis.

One condition may mask another. For example, more than half of patients with claudication also have severe obstructions in their coronary arteries. However, they are unable to walk enough to elicit chest pain, thus their claudication is **masking** their heart trouble. It is sometimes hard for these patients with leg pain to understand that we need to check their hearts because they have a high risk of dying from heart attacks even if they have no chest symptoms!

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