MESI
Simplifying Diagnostics

Peripheral Arterial Disease

An underdiagnosed condition

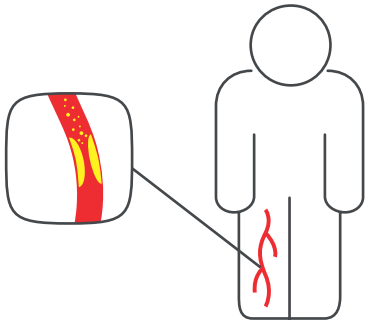
INFORMATION IN 4 POINTS

Peripheral Arterial Disease (PAD) is a frequent but underdiagnosed condition, often with severe consequences. They include death, stroke, coronary heart disease, amputations, dementia and cognitive impairment.

The latest AHA Scientific Statement recommends that PAD screening with ABI is urgently implemented in high-risk populations. TBI or simultaneous measurement of ABI and TBI should be employed if suspecting medial artery calcification, e.g. in cases of chronic kidney disease (CKD) or diabetes[1].

70% of cases with Peripheral Arterial Disease (PAD) are not diagnosed

Many patients do not have symptoms of intermittent claudication (leg pain due to obstructed blood flow) or are not mobile enough for the symptoms to show[2]. However, according to the REACH registry, PAD patients have a 1 in 5 chance of having a cardiovascular event in 1 year (compared to 1 in 6 for coronary patients and 1 in 7 for patients with a history of stroke)[3].



70%
of patients with PAD do not have typical symptoms and are not diagnosed

1/3
of asymptomatic patients have masked PAD

230 mio
adult people affected globally

13%
of the entire population impacted by PAD

Systematic check-up recommended for all patients at risk

ESC guidelines recommend early ABI measurement for [2]:

1. Patients with clinical suspicion
- Unnoticeable pulse
- Claudication or symptoms suggestive for LEAD
- Non-healing wound

2. Patients with clinical conditions (increasing risk)
- CAD
- Heart Failure
- Abdominal Aortic Aneurysm
- CKD

3. Asymptomatic individuals at risk
- < 65 years with cardiovascular risk factors
  - Diabetes
  - Hypertension
  - Smoking
  - Dyslipidaemia
- < 50 years with family history for LEAD
- Everyone > 65 years

References

1. Criqui MH, Matsushita K, Aboyans V, Hess CN, Hicks CW, Kwan TW, McDermott MM, Misra S, Ujueta F; on behalf of the American Heart Association Council on Epidemiology and Prevention; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiovascular Radiology and Intervention; Council on Lifestyle and Cardiometabolic Health; Council on Peripheral Vascular Disease; and Stroke Council. Lower extremity peripheral artery disease: contemporary epidemiology, management gaps, and future directions: a scientific statement from the American Heart Association. Circulation. 2021; doi: 10.1161/CIR.0000000000001005

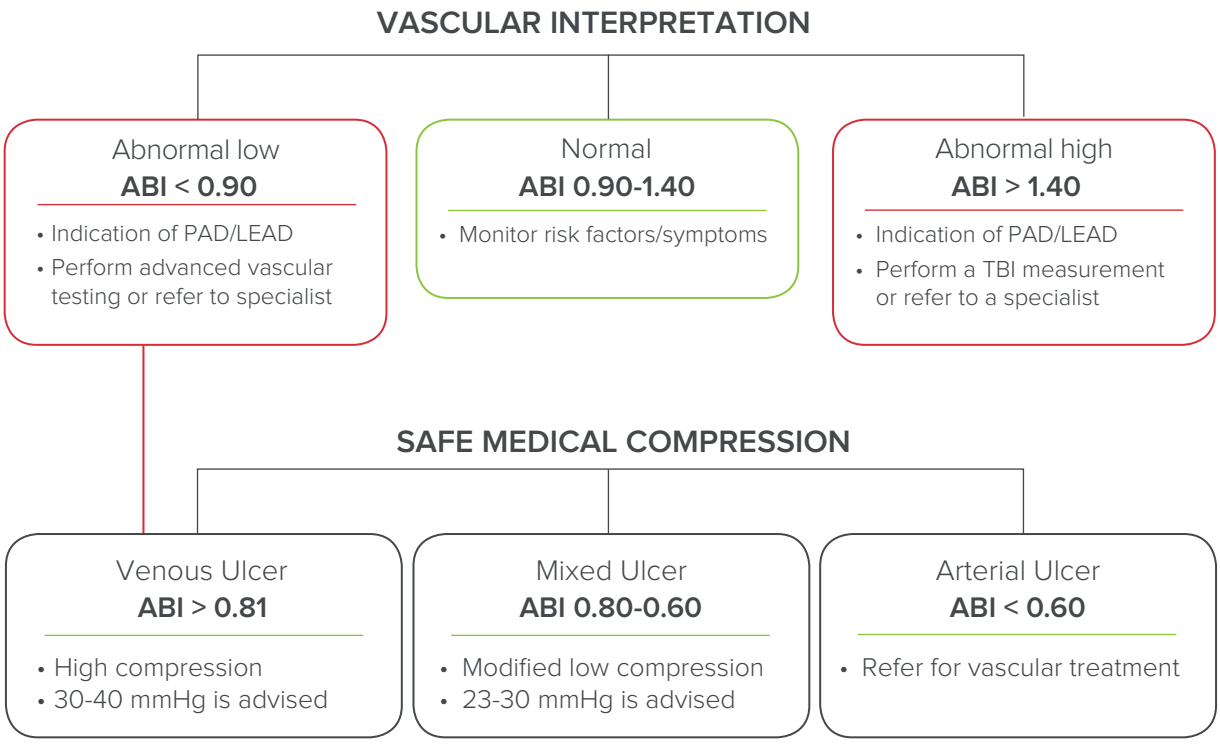
2. Aboyans V, Ricco J-B, Bartelink M-LEL, et al. 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS) Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteries. Endorsed by: the European Stroke Organization (ESO The Task Force for the Diagnosis and Treatment of Peripheral Arterial Diseases of the European Society of Cardiology (ESC) and of the European Society for Vascular Surgery (ESVS). Eur Heart J. 2018 Mar 1;39(9):763-816.

3. Abola MTB, Bhatt DL, Duval S, Cacoub PP, Baumgartner I, Keo H, Creager MA, Brennan DM, Steg PG, Hirsch AT, REACH Investigators. Fate of individuals with ischemic amputations in the REACH Registry: three-year cardiovascular and limb-related outcomes. Atherosclerosis. 2012;221:527–535.

Importance of ABI in woundcare

The WOCN guidelines[4] state that ABI should be performed before prescribing compression therapy for venous insufficiency, thrombotic risk or lower limb ulcers.

The TASC II document provides the following reference values[5].



Make PAD screenings and follow-ups fast and simple with a digital device!

ABI measurements with standard devices like the handheld Doppler probe are time-consuming and require trained specialised staff. This makes ABI measurements with traditional methods difficult to access, which can result in many patients with PAD going undetected and untreated.

MESI products successfully fill this gap and make check-ups more efficient and convenient.

With modern equipment such as the **MESI ABPI MD** device or the **MESI mTABLET ABI** digital system, the ABI measurement only takes one minute.

References

4. ABI: Quick Reference Guide for Clinicians (WOCN guidelines). https://www.mision-compresion.es/upload/publicaciones/AnkleBrachialIndexQuickR.pdf

5. Norgren L, et al. Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). Eur J Vasc Endovasc Surg. 2007;33 Suppl 1:S1-75. doi: 10.1016/j.ejvs.2006.09.024.

Why choose MESI ABI solutions?

- 1-minute, easy and reliable measurement with pulse waveform interpretation
- 3CUFF™ technology permits simultaneous measurement
- PADsense™ algorithm for detection of severe Peripheral Arterial Disease
- Multiple cuff sizes available

MESI mTABLET ABI

MESI ABPI MD

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