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IMPACT OF ANKLE-BRACHIAL INDEX SCREENING ON HYPERTENSIVE PATIENTS' RISK ASSESSMENT

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Introduction: Lower extremity peripheral artery disease (PAD) is strongly associated with increased cardiovascular risk. Screening patients using the ankle brachial index could identify higher risk patients and lead to prescription changes. Previous studies suggested that calculating the ABI using the lower of the ankle pressures instead of the higher could improve sensitivity, with little loss to specificity.

Objective: We sought to determine the prevalence of PAD in a hypertensive population, and assess impact on statin prescription.

Methods: A random sample of patients from a reference hypertension outpatient clinic was selected and had ABI measured by two trained examiners. ABI was calculated considering both the higher (HAP) and lower (LAP) ankle pressures. In a subset of patients the ABI was performed by both examiners to assess agreement.

Results: 222 patients were included in the study (85.6% of those invited to participate). Most participants were females (71.7%), with a mean age of 64 ± 11.2 . Prevalence of PAD was 14.9% (10.8% – 19.0%) considering HAP and 33.8% (28.3% – 39.3%) considering LAP. Agreement was satisfactory by all assessments. Among the subset of patients eligible for risk reassessment, 6.5% would change prescription after ABI screening considering HAP (2.25% of the total sample). However, using the LAP calculation, 29.9% would change prescription (10.4% of the total sample). A summary of our findings is depicted in figure 1.

Conclusions: PAD prevalence is high among hypertensive patients. Screening this population with the ABI can lead to significant change in care, particularly if the lower ankle pressure is considered.

