How to manage PAD in a primary care or community setting

Peripheral Arterial Disease (PAD) is a common yet underdiagnosed condition; it refers to occlusion or stenosis of arteries supplying blood to the limb(s), affecting mostly the lower limbs.

One in five people above 55 years of age have PAD (1, 2). It is the commonest cause of leg amputations. Early recognition and management per guidelines reduce PAD-related deaths, amputations, and cardiovascular complications (3-5).

When to Suspect PAD

Common Presentations

Intermittent claudication: calf pain at a consistent walking distance, relieved by rest.

Rest pain: forefoot pain, often worse at night, relieved by hanging leg down.

Non-healing wounds / ulcers / gangrene: especially on toes, foot, heel.

Those with rest pain or ulcers / gangrene have chronic limb threatening ischaemia (CLTI).

Differential Diagnosis Clues

Claudication pain is different to knee or hip pain.

Neurogenic pain (spinal stenosis): variable distance, positional relief.

What to Do in the Community

Assessment

Think: suspect PAD in all people with relevant key risk-factors: smoking, history cardiovascular disease, diabetes (any type). PAD can be asymptomatic at early stages. Have very high level of suspicion in anyone with symptoms.

Look: skin changes (e.g. ulcers, gangrene).

Ask: walking distance, rest/night pain, wound history.

Optional: ABPI if feasible — but **do not delay referral** if CLTI suspected.

Initial Management

Start:

Antiplatelet (aspirin or clopidogrel) – NICE guidance advises Clopidogrel 75mg per day if not contraindicated or already on anticoagulation.

High-intensity statin – Atorvastatin 80 mg or other, based on NICE guidance (see CG147). Don't wait for a lipid profile to commence statin therapy.

Smoking cessation support

Lifestyle advice: encourage walking daily if possible. Check if supervised exercise therapy is available locally and refer.

If you suspect CLTI → consult the following table & refer urgently

Peripheral Arterial Disease (PAD) Guide for Community Healthcare Professionals

Referral Guidance

Condition	Referral Type	Action
Suspected **CLTI** (rest pain, ulcer, gangrene)	**Urgent (within days)**	Refer to vascular / hot foot clinic
Intermittent claudication (IC)	**Routine**	Start medical therapy + conservative measures; refer if severe, fails conservative management

RED FLAGS: rest pain OR gangrene OR ulcer → Refer to specialist urgently

Resources

- Check NICE NG147 & all the below NICE guidance algorithms
- Local referral forms / hot foot clinic contacts
- Patient info leaflets (e.g. Circulation Foundation)

Key Messages

- PAD is common, serious, but **treatable**.
- Early action saves limbs. Use NICE guidance to treat early and refer people with RED FLAG signs or symptoms.

RELEVANT GUIDANCE

Summarised in the CV-PAD document (2nd page).

REFERENCES – scan QR code:

This document has been prepared by vascular surgeons, radiologists, general practitioners, patients, and other healthcare professionals in the United Kingdom, as a guide. Updated October 2025. Please follow local/regional and relevant national guidance.

The following page summarises the basics of best medical therapy in the community; it has been designed with input from primary care practitioners, vascular surgeons, with NIHR funding (updated in 2025; NIHR reference: NIHR202008)

CV-PAD

Cardiovascular risk management for patients with peripheral arterial disease (PAD)

Smoking

- **Support patients** who are smokers **to quit smoking** and stay smoke-free.
- Provide a **referral to a smoking-cessation service** should the patient wish so.

Anti-Platelet

- **Clopidogrel** 75mg OD (life-long), unless on warfarin or other anticoagulant.

Statin

- **Atorvastatin** 80mg OD or other high-dose statin therapy (life-long).

Lifestyle

- **Exercise** is proven to reduce cardiovascular events, improve symptoms and prevent progression in PAD.
- A **healthy diet** will reduce cardiovascular risk.
- **Reduce alcohol** intake if excessive.
- **Weight loss** if overweight

Blood Pressure

- Optimise blood pressure to **target 140/80mmHg** in line with NICE recommendations and the NICE guidance medication algorithm.

Diabetes

- If the patient is not known to have diabetes, **screen for diabetes**.
- If diabetic ensure their HbA1c is checked and the relevant NICE guidance followed.

Follow-Up

- Arrange future follow-up for maximal effect.
- Ensure new prescriptions are repeated.
- Register the diagnosis of PAD (QOF indicator)

Guidance: NICE CG147 (PAD); NICE CG181 (cardiovascular risk); NICE NG17/NG28 (diabetes); QOF - PAD001 (PAD)