Declaration of conflicts of interest

None
ESC Guidelines on the diagnosis and treatment of peripheral artery diseases

Closing Remarks

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The need for a holistic view of patients with atherosclerosis

• As cardiologists, we are confronted with PAD every day:
  – 1/3 of our patients with CAD present concomitant clinical PAD.
  – Among those without clinical PAD, an additional 1/3 also have asymptomatic PAD.

• We are solicited by other specialists to assess CV risk in patients with PAD:
  – Patients with PAD will mostly die from CAD.
ESC guidelines on PAD

• What *every* cardiologist should know about PAD
• General approach
• Site-by-site management
• Management of multisite artery disease: the most complexe situation
ESC guidelines on PAD

- A multidisciplinary TF team for a
  - Multisite disease
  - Multi-end-damage organs

« Vascular Team » including always a cardiologist.

Variable definition according to the presentation
Management of PAD

• Rapidly evolving field in cardiovascular medicine
• Updates will be necessary, probably starting by the revascularization techniques
• Many data in some fields, major gaps in others
PAD: major gaps in evidence

- Benefits of CEA/CAS in asymptomatic carotid disease vs. current BMT?
- Large trials still necessary in the management of RAS.
- In LEAD benefits of the combination of supervised exercise training and medical therapy are unclear.
PAD: major gaps in evidence

- *Specific* trials focused on patients with multisite artery disease are mandatory
ESC Guidelines on the diagnosis and treatment of peripheral artery diseases

Document covering atherosclerotic disease of extracranial carotid and vertebral, mesenteric, renal, upper and lower extremity arteries

The Task Force on the Diagnosis and Treatment of Peripheral Artery Diseases of the European Society of Cardiology (ESC)

Endorsed by: the European Stroke Organisation (ESO)

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