

Clinical Summary: Screening for Peripheral Artery Disease and Cardiovascular Disease Risk Assessment With the Ankle-Brachial Index

Population	Adults
Recommendation	No recommendation. Grade: I (insufficient evidence)

Risk Assessment	Major risk factors for PAD include older age, diabetes, current smoking, high blood pressure, high cholesterol level, obesity, and physical inactivity.
Screening Tests	Resting ABI is most commonly used to detect PAD in clinical settings. ABI is calculated as the systolic blood pressure obtained at the ankle divided by the systolic blood pressure obtained at the brachial artery while the patient is lying down. A ratio of less than 1 (typically defined as <0.9) is considered abnormal and is commonly used to define PAD.
Treatments and Interventions	Treatment of PAD has 2 potential targets: reducing morbidity and mortality from lower limb ischemia and preventing CVD events due to systemic atherosclerosis. PAD treatment focuses on improving outcomes in symptomatic patients; interventions to prevent CVD events include smoking cessation, lowering cholesterol levels, managing high blood pressure, and antiplatelet therapy.
Other Relevant USPSTF Recommendations	The USPSTF has made recommendations on many factors related to CVD prevention, including screening for high blood pressure, statin use, counseling on smoking cessation, counseling on healthful diet and physical activity, CVD risk assessment with nontraditional risk factors, and low-dose aspirin use in certain persons at increased risk for CVD.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.