You have been diagnosed with intermittent claudication. This is caused by peripheral arterial disease (often referred to as PAD). Intermittent claudication, the pain experienced when exercising, happens because the muscles are not getting enough oxygen-rich blood. This pain usually wears off after a few minutes’ rest, because the muscles need much less oxygen when they are not being used.

Intermittent claudication is a sign that the arteries of the body are hardening and furring up (atherosclerosis). It should be considered as a wake-up call. It does not necessarily mean that it will get worse, and it is unlikely that you will have to face an amputation, but it is a strong warning that you should be doing what you can to help yourself. There is no cure, but there are ways of improving your situation and of preventing it from getting worse. In a few people with more severe disease, invasive therapy such as inserting a small balloon to expand the artery (balloon angioplasty) or surgery may be considered.

Having intermittent claudication and peripheral arterial disease means that you probably also have a degree of arterial disease in the arteries supplying blood to your heart and brain. This means that you are at a much higher risk of having a heart attack or stroke than other people of your age. The aim of the treatment for intermittent claudication is not only to improve your leg symptoms but also to reduce your risk of having a heart attack or stroke.

**What has caused me to have this condition?**

The risk factors for PAD include:

- smoking
- diabetes
- high blood pressure
- high cholesterol level
- diet and weight
- older age.

The disease process that has caused you to have intermittent claudication will have been on going for a long time with a slow build up of plaque in the arteries which initially does not cause any symptoms. It is a common condition and many people are unaware that their arteries are gradually furring up. Intermittent claudication is usually the first symptom.
Treatment for intermittent claudication

Most people who have PAD are treated by managing their risk factors. This involves:
- stopping smoking
- managing blood pressure and diabetes
- taking statins and aspirin
- taking regular exercise.

**Stop smoking:** Stopping smoking is the single most effective way you can improve your health. If you are still smoking you are strongly advised to give it up. If you would like help with this, we can refer you to a smoking cessation advisor, who can offer the support that you may need to give up. The smoking quit line is 0800 169 0 169.

Smoking has been found to strongly relate to speeding up the furring up of the arteries as well as thickening of the blood, making it difficult to pass through narrowed arteries.

**Eating a healthy diet:** If you are overweight you are strongly advised to lose weight with exercise and diet:
- reduce your fat intake, particularly animal fats.
- eat fish at least twice a week, one of which should be oily.
- eat at least 5 portions of fruit and vegetables a day.
- consider eating more starchy and high fibre foods, such as whole grain varieties, pulses, and oats.
- eat less salt.
- drink less alcohol.
- read labels carefully.

**Medication**

It is important that you continue to take your prescribed medications as directed by your doctor. In particular you should be taking a blood thinning (antiplatelet) medicine such as aspirin, and a statin to lower your cholesterol level. This will help reduce the risk of further furring up of the arteries and thereby also reduce the risk of you suffering a heart attack or stroke.

If you have high blood pressure it is important to keep taking your medication to keep it within normal levels, to prevent further damage to the blood vessels and reduce the risk of heart attack and stroke. Your blood pressure needs to be checked at regular intervals to check that the target of 140 over 85 is reached.

Peripheral vasodilators are medicines that relax the arteries in the legs. Some have been found to increase the distance you can walk pain free, but there are side effects and the benefit is so small that they are rarely used. Speak to your doctor if you would like more information.

**Diabetes**

If you are not a known diabetic, your fasting blood sugar level should be checked to ensure that there is no undiagnosed problem which needs treatment.
If you have diabetes it is important to make all efforts to keep your blood sugar as near as possible to a normal level because a regularly higher blood glucose level is known to accelerate atherosclerosis. People with diabetes also often have a different and harder to treat pattern of disease. Therefore it is important to keep good control of your blood sugar level. If you have diabetes it is also important to take especially good care of your feet to prevent diabetic foot disease.

**Exercise:** It is recommended that you walk a little further each day till you can manage to walk briskly for 20 - 30 minutes every day, walking through the pain as much as you can. The pain is not going to cause the leg any harm, rather it stimulates the smaller blood vessels to grow. Keeping this up has been shown to be of great benefit and though it may seem impossible at present, the majority of people with intermittent claudication find that by continuing to do this they can improve their symptoms a lot over time. Keeping a diary of activities and symptoms may help you to see an improvement over time.

An exercise program will have lasting benefit, if you can keep it up. You should aim to include dynamic exercise, of the sort that involves movement (often referred to as aerobic), especially if you have heart symptoms as well.

Avoid exercises that involve excessive force, such as weight-lifting, or sudden bursts of activity such as squash. If you are taking warfarin avoid contact sports.

Brisk walking is probably the most useful form of exercise, but if you enjoy swimming, cycling, dancing and gentle jogging, all these are good exercises for the calf muscles.

If you enjoy circuit training (doing different forms of exercise, one after the other) you can make up a circuit at home with dumbbells and an exercise bike, or you could join a local leisure or health club.

Do not exercise:

- if you have chest pain
- within one hour of a meal (it is better to exercise before meals)
- if you feel unwell or have a temperature
- in excessively hot or cold conditions.

**Stop exercising if you get chest pain, excessive shortness of breath, palpitations, dizziness or light-headedness, nausea or excessive sweating.**

This self help will have the following benefits:

- improved walking distance
- disappearance of night cramps
- warmer feet
- less breathlessness or angina on exertion
- general fitness improvement
- better sleep patterns
- increased confidence and feel-good factor.

Vascular Nurse Practitioner
Tel: 01722 429210
If you feel that you need or want the motivating factor of doing exercise in a group or in a gym, the Vascular Unit offers a series of 12 claudicant exercise classes. These are free for patients to attend and are held in the physiotherapy gym. The hospital Staff Club and many other gyms offer exercise classes for a small fee. Please ask your GP for a referral letter.

Local walks of varying lengths are organised by Walking for Health
Website: [www.walkingforhealth.org.uk](http://www.walkingforhealth.org.uk)

or you can write to:

Walking for Health team
The Ramblers
2nd Floor
89 Albert Embankment
London SE1 7TW

Or call them on ☏ 020 7339 8541

When exercising, always start gently and warm up and stretch the major muscle groups before any increased activity. Cool down and stretch after you have worked your muscles, drink plenty of water during and after activity and wear sensible clothes and shoes.