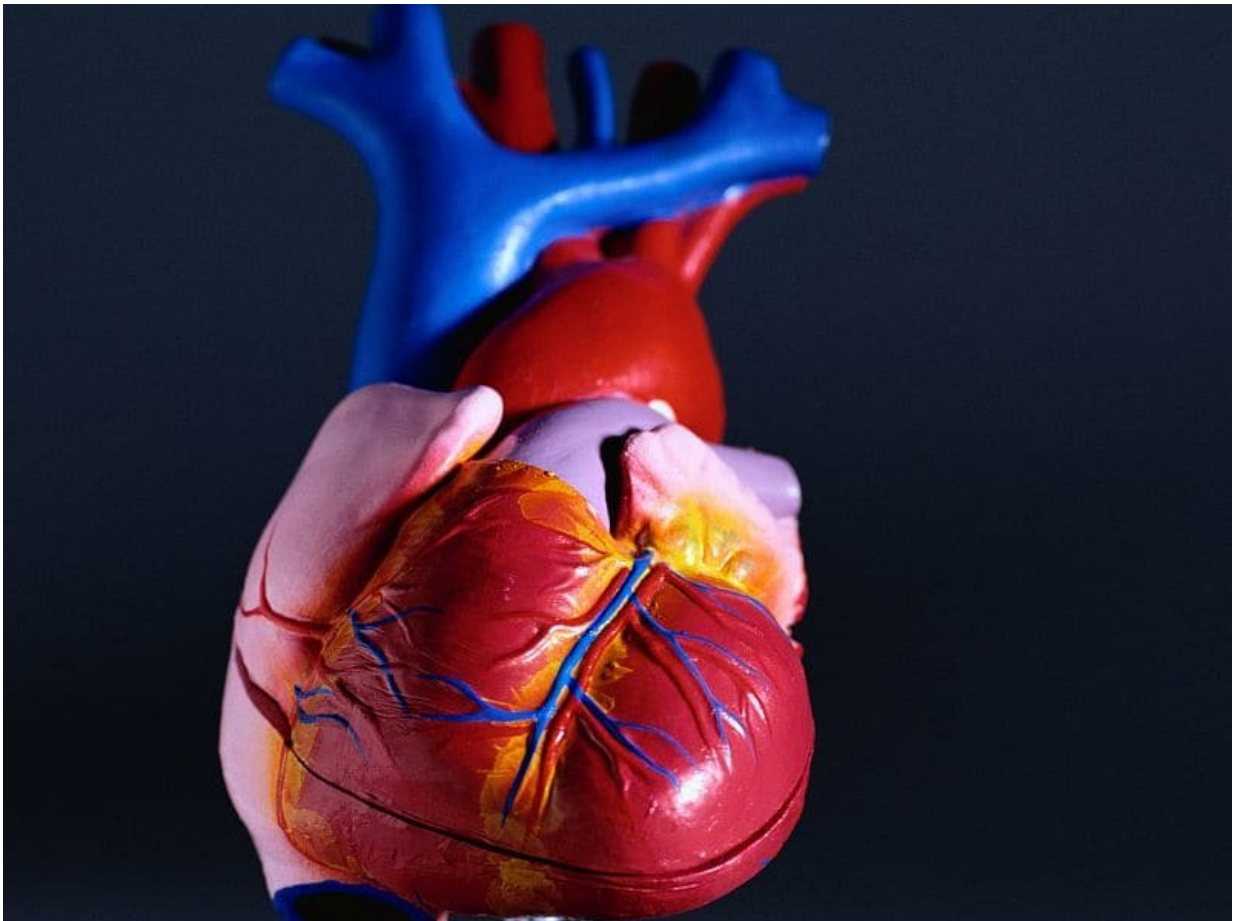


Appropriate use criteria released for peripheral artery intervention

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(HealthDay)—Appropriate use criteria have been developed for

peripheral artery intervention (PAI) in peripheral artery disease, according to a report published online Dec. 17 in the *Journal of the American College of Cardiology*.

Steven R. Bailey, M.D., from the University of Texas Health Science Center at San Antonio, and colleagues address appropriate use criteria in the field of PAI, while focusing on patient scenarios that are common in clinical practice.

The authors note that regardless of whether revascularization is contemplated, guideline-directed [medical therapy](#) plus lifestyle and risk factor modification are cornerstones of therapy. Revascularization is rarely required for [patients](#) with incidentally discovered and clinically silent renovascular or [peripheral artery disease](#). For these patients, the therapeutic approach should focus on prevention of disease progression and reduction of cardiovascular morbidity and mortality. In patients who experience intermittent claudication, revascularization should be considered only if symptoms are lifestyle-limiting and do not improve with medical and exercise therapy. For patients in whom pharmacological options have not been exhausted, renal artery revascularization to facilitate blood pressure control is considered rarely appropriate. When global renal hypoperfusion from a severely stenotic renal artery results in a decline in renal function or development of flash [pulmonary edema](#), renal artery stenting is appropriate.

"The final trend noted in these appropriate use criteria scenarios and their ratings reflects the anatomical complexity of artery disease and the presence of coexisting medical comorbidities influencing treatment decisions," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

More information: [Abstract/Full Text](#)

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