

Key therapy equally effective for women, men with narrowed leg arteries

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Peripheral artery disease (PAD) involves a debilitating narrowing of arteries in the legs, and the [National Institutes of Health](#) estimates that one in every 20 Americans over 50 is affected.

Research into best treatments for [women](#) with PAD is lacking, however.

Now, a study finds that less invasive endovascular treatments work equally well in women as in men.

Endovascular therapies -- minimally invasive procedures such as angioplasty or stenting -- help restore [blood flow](#) without the risks of more [invasive procedures](#) such as bypass.

The new study, led by Dr. Serdar Farhan of the Icahn School of Medicine at Mount Sinai in New York City, found these procedures benefited both sexes equally.

The news has been a long time coming, he said.

"While the findings of the study are of value considering the scarce data on PAD treatment in women, they are also a strong reminder that we must do better in enrolling women in PAD trials," Farhan said in a news release from the Society for Cardiovascular Angiography & Interventions (SCAI).

"Women remain underrepresented in PAD trials," he added, "and concerted efforts are warranted to achieve adequate representation of women to improve our understanding of the disease and its management in both women and men."

Farhan's team presented its findings at [SCAI's annual meeting](#) in Long Beach, Calif.

The decreased blood flow that comes with PAD can lead to pain, difficulties walking, sores on the legs and feet and, if the illness is advanced and untreated, amputation.

Therefore, "evidence-based data on treatment outcomes for all [patients] are critically important for individualized care," said SCAI president Dr. George Dangas in the news release.

PAD can be treated with healthy lifestyle changes, medication, minimally invasive angioplasty/stenting (endovascular) procedures or more invasive bypass surgeries.

In the new study, Farhan's group tracked outcomes for 639 patients who underwent an endovascular procedure or bypass for PAD, 29% of whom were women.

The primary outcome the researchers focused on two years after surgery combined death (from any cause), major amputation or a need for a repeat procedure on the same limb.

The team found "no differences" in these outcomes based on patients' sex.

Certainly, angioplasty/stenting was less risky overall than bypass: Just under 9% of the women who underwent an endovascular treatment experienced a complication within 30 days, compared to about 26% of those who'd gotten bypass.

Rates of complications were similar and only slightly lower for each of these procedures in men.

Compared to bypass, endovascular procedures were tied to shorter post-op hospital stays for both sexes, the study found.

The researchers also found no significant difference between the sexes when it came to the combined endpoints of death, amputation or need for a second procedure. About 41% of women and 40% of men

experienced one of these outcomes within 30 days of angioplasty and/or stenting, while about 42% of women and 34.4% of men had one of these outcomes after bypass.

The findings are important, Dargas said, because "PAD is a prevalent and debilitating disease with serious consequences, especially for advanced cases that may have progressed due to lack of treatment, which is something that many clinicians are seeing in their patients today."

Knowing that women and men fare equally after various PAD interventions is key to advancing care, according to the research team.

Because these findings were presented at a medical meeting, they should be considered preliminary until published in a peer-reviewed journal.

More information: Find out more about PAD at the [U.S. National Heart, Lung and Blood Institute](#).

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