

## **NEW TECHNIQUES IN THE MANAGEMENT OF INTERMITTENT CLAUDICATION**

**Jonathan Golledge**<sup>1</sup>, Anna Ahimastos<sup>2</sup>, Elise Wimberely<sup>1</sup>, Phil Walker<sup>3</sup>, Bronwyn Kingwell<sup>2</sup>.

<sup>1</sup> Vascular Biology Unit and Vascular Surgery Department, James Cook University and The Townsville Hospital, Townsville, Australia.

<sup>2</sup> Alfred and Baker Medical Unit, Baker IDI Heart and Diabetes Institute, Melbourne, Australia.

<sup>3</sup> The Royal Brisbane and Women's Hospital, Brisbane, Australia.

### **Abstract**

Patients with intermittent claudication have two principal issues. Firstly an increased risk of cardiovascular events and secondly impaired health-related quality of life associated with their walking impairment. Currently intermittent claudication is most commonly treated by endovascular means or occasionally vascular surgery. Often the more important medical management of the patient is neglected. Randomised trials mostly indicate no long term advantage of interventional techniques over more conservative measures which often involve supervised exercise. Currently supervised exercise programs are not remunerated, often poorly attended by patients and difficult to run for patient groups spread over large distances as typically found in Australia. In this talk the need for new approaches for treating patients are discussed. These include better ways of ensuring control of risk factors and prescription and compliance with appropriate medications. The talk will also refer to medication or strategies being developed to target lower limb symptoms in these patients.