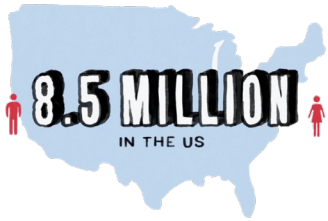
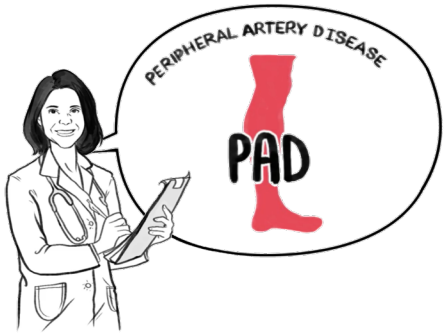
Peripheral Artery Disease (PAD) and Blood Clots

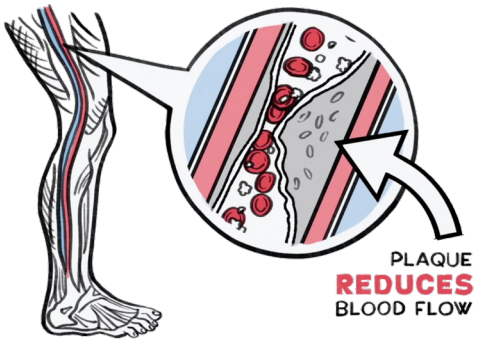
CLOT WISE™
EDUCATION PROGRAM

Welcome to the Clot Wise Education Program!

Peripheral artery disease (PAD) is the result of plaque buildup in the arteries of the limbs—usually the legs—and it affects up to 8.5 million people in the US alone. But studies show **only about 25% of adults age 50 and older are aware that they have PAD.***





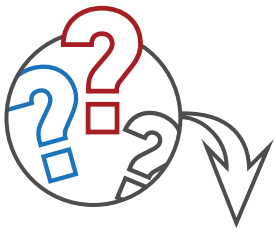


Not only that, **PAD has similar risk factors and the same underlying cause as coronary artery disease, or CAD, which increases a person's risk for heart attack and stroke**—so it's important to ask your doctor about getting screened for CAD.

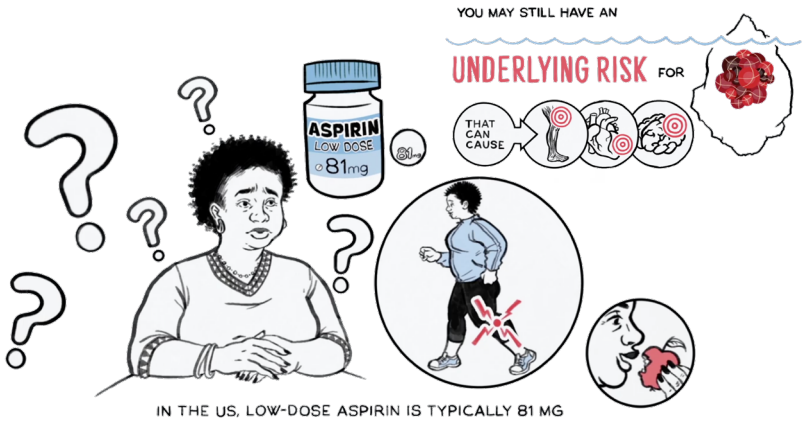
With these facts in mind, I'd like to help you learn more about your own risk for having life-threatening blood clot–related event due to your chronic PAD.

*According to the Centers for Disease Control and Prevention (CDC), 2016.

So, **why would your doctor want to make changes to your care plan now?** And more importantly, **what is the connection between PAD and heart attack and stroke when the symptoms are in your legs?**

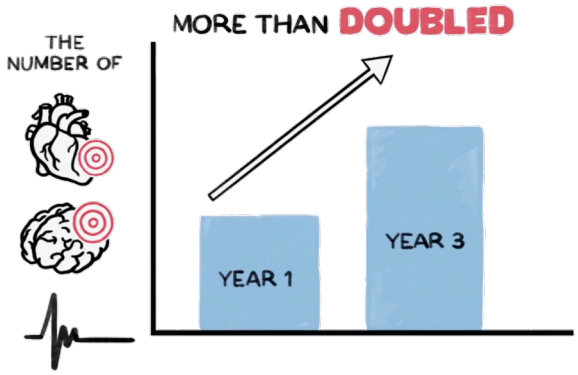


You might wonder why your doctor is bringing up this risk now. Perhaps it's been a while since you were diagnosed or had a stent procedure. You're taking aspirin every day, and trying to eat right and stay active. Great!



CLOT WISE™
EDUCATION PROGRAM

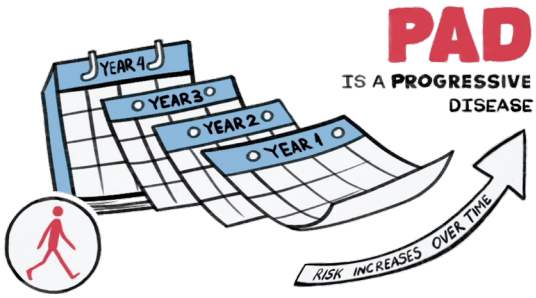
Well, let me help explain. Even when you're doing what your doctor told you to do by taking an aspirin every day and trying to eat right and stay active, **you may still have an underlying risk for blood clots that can cause a cardiovascular event** like a severe blockage in your leg, a heart attack, or a stroke.



Aspirin does help reduce your risk for these events. But a large study of almost 40,000 people, including those with PAD or CAD, showed that **even though more than half were taking aspirin, the number of heart attacks, strokes, and cardiovascular deaths more than doubled** over a two-year period.*

*According to patients recruited to the REACH Registry in 2003-2004.

Okay, so why does this risk still exist? That's a good question. You might have been feeling fine for a while, less pain or other symptoms—you may even be walking better. But PAD isn't just leg pain—**it's a progressive disease, meaning the risks that come with it increase over time.**



To better understand the link between PAD and the risk for blood clots, let's take a closer look at what happens inside the body. Think back to when your doctor first told you that you have PAD. He or she may have mentioned something called atherosclerosis, or hardening of the arteries. In a person with atherosclerosis, the arteries become damaged or inflamed because of certain health conditions or risk factors, including diabetes, high blood pressure, high cholesterol, smoking, or a family history of heart disease. Then, like sludge on the inside of pipes, **cholesterol, white blood cells, and other substances build up inside the damaged walls, forming plaque.** Plaque can start forming as early as childhood and builds up slowly, over many years.

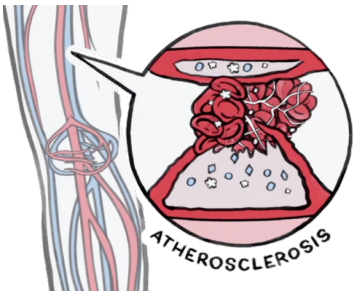
CONTRIBUTING FACTORS

- DIABETES
- HIGH BLOOD PRESSURE
- HIGH CHOLESTEROL
- SMOKING
- FAMILY HISTORY

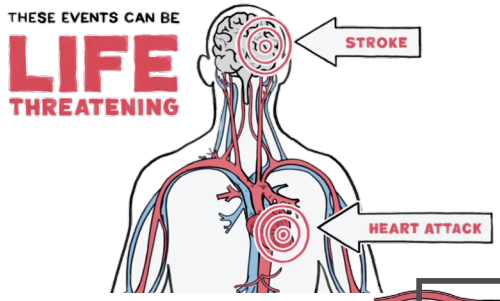
As the plaques grow larger, less blood can get through the artery to supply your muscles with the oxygen they need to function. And that's what causes the pain in your legs.

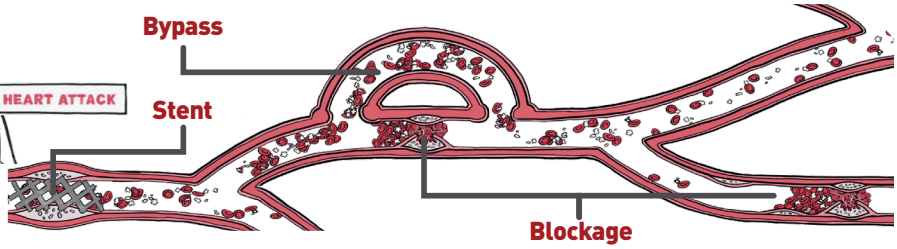
CLOT WISE™
EDUCATION PROGRAM

The risk with PAD is that some plaques can rupture. This triggers your body's blood clotting response—a clot forms around the ruptured plaque, which creates a blockage and cuts off blood flow to your legs, which can cause pain. When your tissue doesn't get enough oxygen, it can start to die. In the most serious cases, an amputation may be required. Another thing to be aware of is that because PAD and coronary artery disease, or CAD, are both caused by the buildup of plaque inside arteries, **people with PAD also have a high chance of having CAD.** CAD is the buildup of plaque inside the arteries that supply blood to the heart. A blood clot in these arteries is what **can cause a heart attack** or, if the blood clot travels to the brain, **a stroke**—both of which can be life-threatening.



PLAQUES
CAN **RUPTURE**
TRIGGERING YOUR BODY'S **BLOOD-CLOTTING RESPONSE**
CUTTING OFF **BLOOD FLOW** TO YOUR LEGS
CAUSING **PAIN**





Now, **having a stent procedure or bypass surgery may be a necessary and often life-saving intervention** that helps restore the blood flow to your legs, but **that doesn't mean you're fixed for good.** As long as plaque exists in your arteries, there is always a risk that it can rupture and cause blood clots to form.

Aspirin has been a trusted treatment option to help reduce the risk of blood clots in people with PAD.

BUT ASPIRIN ALONE **MAY NOT BE ENOUGH**

TREATMENT ADVANCES
FURTHER REDUCE
THE RISK
OF LIFE-THREATENING
BLOOD CLOT
RELATED EVENTS

But we now know that **aspirin alone may not be enough**. Thanks to treatment advances, doctors' options for further reducing the risk of life-threatening blood clot–related events in people with chronic PAD are expanding.

That's all for now—this was a lot of information, so don't hesitate to ask your doctor any questions about what you learned today.

ASK YOUR DOCTOR HOW YOU CAN HELP FURTHER REDUCE YOUR RISK FOR SERIOUS BLOOD CLOT–RELATED EVENTS

To Learn More:
Visit **www.CLOTWISE.com/PAD**
or scan the QR code to visit the website:

janssen