Leg pain can signal trouble

Have you ever had the pulses in your feet checked by a doctor? You should, especially if you experience pain in your calf muscles when you walk.

By feeling for your foot pulses, a doctor can detect whether blood is flowing freely in your legs or moving sluggishly through arteries clogged by cholesterol. Clogged leg arteries not only put your limbs at risk but also usually go hand in hand with clogging of the arteries leading to the heart and brain, which increases the risk of heart attack and stroke. Everyone over 50 who smokes or has high blood pressure, high cholesterol, or diabetes, and all people 70 and older should have the pulses in their feet checked at every physical exam. Some doctors undervalue screening for the condition (peripheral artery disease) or simply don't want to spend the extra time it takes. As a result, many doctors omit the test from their routine exam, and experts estimate that about half of the 8 million to 12 million Americans who have the disease don't even know it. "That should be seen as a national scandal," says Alan T. Hirsch, M.D., director of the vascular medicine program at the Minneapolis Heart Institute.

Equally troubling, even when peripheral artery disease is diagnosed, physicians often don't treat it properly.

PAINFUL LEG MUSCLES

Many patients ignore the telltale signs of peripheral artery disease, mistakenly attributing the leg pain it can cause to aging or other problems. You should ask for testing if you have the following symptoms of the condition:

- The gradual onset of pain or cramping in calf muscles that worsens when you walk and eases when you stop.
- Leg or foot sores that heal slowly.
- A foot cold to the touch that suddenly becomes very painful or hard to move.

If testing indicates clogged leg arteries, it's essential to get your risk factors under control. Experts say you should get your LDL (bad) cholesterol below 100 and your blood pressure below 140 over 90. If you have diabetes, you should aim for an A1C level, a marker of long-term blood-sugar control, of less than 7 percent. (See our Ratings of home blood-pressure monitors and blood-glucose meters, both available to subscribers.)

To achieve those ambitious goals, people with peripheral artery disease should quit smoking, lose excess weight, eat healthfully, and walk regularly. Medications are also key, including statins to lower cholesterol, ACE inhibitors to reduce blood pressure, aspirin or clopidogrel (Plavix) to prevent blood clots, and cilostazol (Pletal and generic) to ease leg pain.

DON'T RUSH TO SURGERY

When lifestyle changes plus drugs fail to ease severe leg pain or when a blood-starved limb is in danger of amputation, vascular specialists can use a number of invasive procedures. In a bypass, the surgeon transplants a vein or inserts synthetic tubing to carry blood around the occluded leg artery. In angioplasty, a doctor snarls a tiny balloon into the artery, inflates it to push the blockage aside, and then often inserts a cylindrical device called a stent to keep the artery propped open.

But many doctors and patients are "jumping the gun" and turning to those invasive procedures without giving lifestyle changes and medication a chance, says Wilbert S. Aronow, M.D., chief of the cardiology clinic at New York Medical College in Valhalla, N.Y. That's a mistake, because bypass and angioplasty can cause infection and bleeding and can even, on rare occasions, trigger heart attacks. Moreover, they often provide only temporary relief, especially if you smoke or have diabetes, which can make repeat procedures necessary.

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