AFRICAN AMERICANS WITH DIABETES FACE HIGHER RISK OF PREVENTABLE AMPUTATIONS

CHICAGO, Illinois, Dec. 12, 2016 – African Americans are at higher risk for two diseases – diabetes and peripheral arterial disease (PAD) – that together threaten to cause them more preventable amputations than other populations.

Statistically, African Americans are twice as likely than non-Hispanic whites to have PAD and one in four older African Americans have diabetes. Because it may damage blood vessels, diabetes can make PAD worse. In a recent California study,* patients who had both diabetes and PAD had the highest rates of preventable amputations.

Diabetes has other side effects that can increase the risk of amputation. It may cause neuropathy, making it hard to feel pain in the feet, and can cause wounds to heal slowly. In such cases, an insignificant wound, like an abrasion caused by new shoes, can develop into a serious foot ulcer. If not treated and managed by medical professionals, PAD can lead to incurable infections, gangrene and amputation. Learn more about managing diabetic foot.

PAD occurs when layers of plaque start clogging the blood vessels, constricting blood flow. Over time, this reduces the amount of oxygen-rich blood in the legs, feet and toes. High cholesterol can cause plaque buildup, also known as hardening of the arteries.

Peripheral arterial disease typically is treated by vascular specialists, who are highly trained in managing diseases of the body’s life-sustaining blood vessels. Learn more about PAD.

Even though African Americans are more at risk for diabetes and PAD, that does not totally explain the high rate of amputations, researchers say. But there are some clues.

“Studies show that African Americans, especially men, may not go to the doctor as often,” said vascular surgeon Dr. Katherine Gallagher, a member of the Society for Vascular Surgery and director of the multidisciplinary PAD program at the University of Michigan. “That’s been established, but the reasons...
for this are still being looked at.”

Once in the doctor’s office, patients may not mention their occasional leg pain during a short, busy visit. If they have diabetes, their 15-minute doctor visit is full of other issues.

“Patients don’t even bother to mention that, ‘Oh, sometimes my legs hurt,’” she said. “They might get a leg cramp when they go up the stairs, but then the cramp goes away. It’s not typical for a doctor to ask about PAD or check the pulse in the feet.”

Also part of the causal chain for African Americans is high blood pressure. High blood pressure is a risk factor for PAD and it is much more prevalent in the African-American community. According to a report from the American Heart Association in 2013, 43 percent of black men and 47 percent of black women in the U.S. had high blood pressure, versus 33 and 31 percent for white, non-Hispanic men and women.**

Even if you have numerous risk factors, PAD does not have to become limb-threatening. Take these steps to maintain your health:

- **Walk every day.** If walking causes leg pain, stop, rest and then resume walking when the pain subsides.
- **Stop smoking, or don’t start.** Cigarette smoking is not only bad for the lungs, it is terrible for veins and arteries.
- **Don’t be a hero.** If you have occasional leg pain, either during exertion or in bed at night, don’t blow it off. Mention leg pain at the next doctor visit.
- **Go to the doctor.** Diabetics should always keep their doctor appointments. The doctor might recommend further tests, which are non-invasive and don’t hurt. If PAD is diagnosed, you will be referred to a vascular surgeon who will carefully manage the disease. With proper care, the risk of amputation is significantly lowered. Learn more about what vascular surgeons do.
- **Keep numbers under control.** Carefully monitor blood sugar, cholesterol and blood pressure. Take statins for high cholesterol, if prescribed. Know target numbers and follow the doctor’s advice diligently.

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