



# Prevalence of Diabetes in Patients with Peripheral Arterial Disease Presenting for Coronary angiography and / or Intervention: The Peripheral Arterial Disease in Interventional Patients Study (PIPS)



Cardiovascular  
Research Foundation

Nenad Trubelja, Zoran Lasic, Katherine Vakher, Ibraheem Monsuru, Eugenia Nikolsky, Neil Coplan, Amir Halkin, Yi Ming Yang, Alexandra Lansky, Srinivas Kesanakurthy, Vladimir Ilic, Yingbo Na, Ramona Pop, Ann Marie Dunne-Tramis, Daniel Soffer, Sriram Iyer, Gary Roubin, Michael Jaff, Issam Moussa, LENOX HILL HOSPITAL, NEW YORK, NY

Lenox Hill Heart and  
Vascular Institute of New York

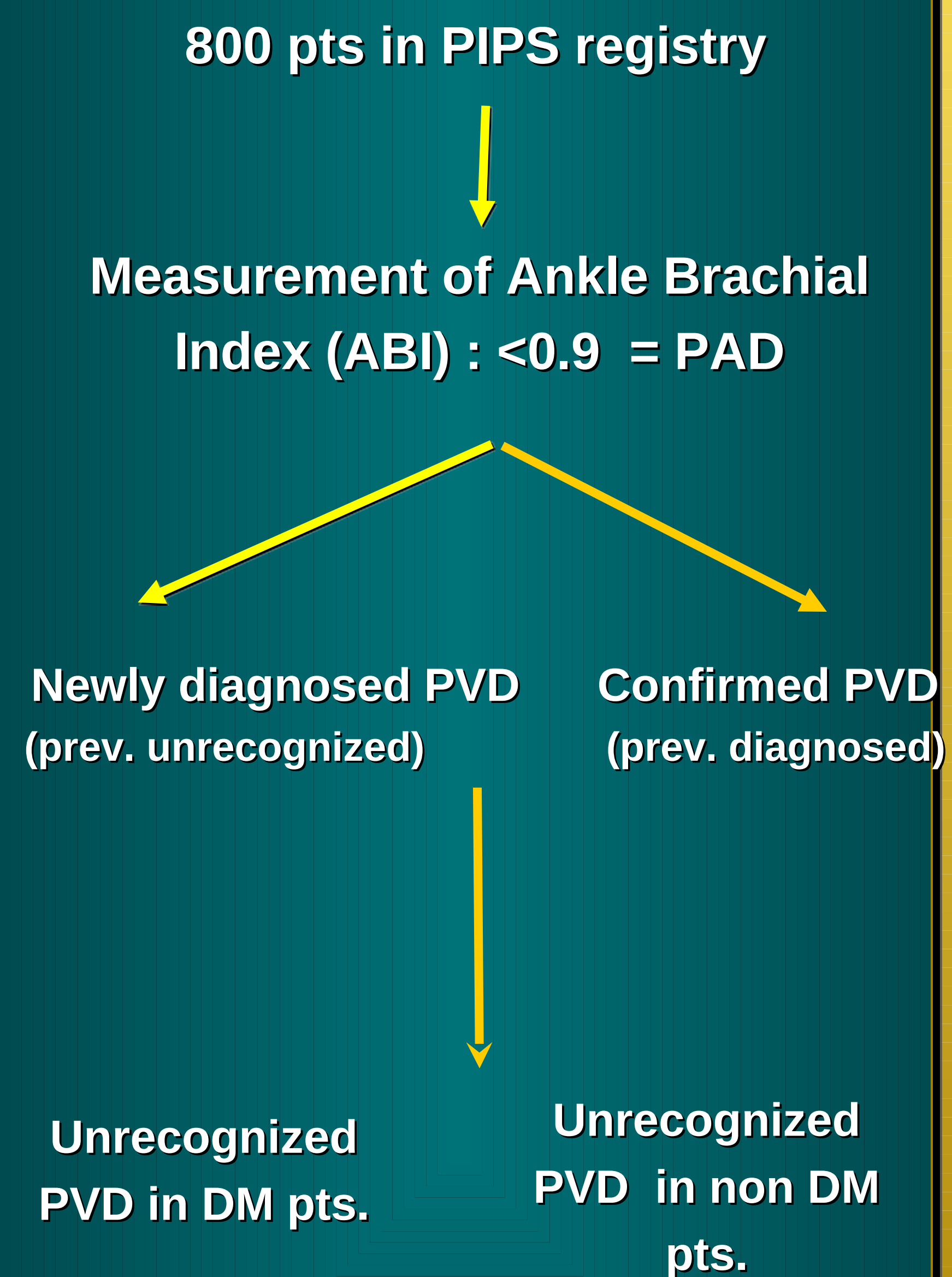
## Background

Peripheral arterial disease is common in diabetic population. We sought to characterize the relationship between diabetes mellitus (DM) and unrecognized peripheral vascular disease (PVD) in patients presenting for coronary angiography and/or percutaneous coronary intervention.

## Methods

The PIPS registry is a prospective single center study in 800 patients to determine the prevalence of undiagnosed peripheral arterial disease in a high cardiovascular risk population presenting for coronary angiography and/or intervention. Diabetes was present in 289 pts based on historical data and/or antidiabetic medications.

### Study design



## Results

	DM n=289	No DM n=505	P-value
Age	64.54 +/- 9.01 (289)	66.23 +/- 9.65 (505)	<0.01
Male	30 (58.8)	174 (75.7)	0.02
Smoking	159 (54.8)	320 (62.9)	0.02
Increase exercise at home	27 (52.9)	164 (71.0)	0.01
Intermittent claudication	55 (19.2)	58 (11.4)	<0.01
History of hypertension	221 (77.0)	310 (60.9)	<0.01
Prior CABG	84 (29.1)	109 (21.4)	0.01
See podiatrist	94 (32.4)	30 (5.9)	<0.01

Results are mean +/- SD or n (%)

## Conclusions

- In this high cardiovascular risk population there was a strong trend towards higher prevalence of previously unrecognized PVD in diabetics compared to patients without DM.
- High prevalence of PVD warrants more aggressive search for PVD in that subgroup of patients especially in pts that are hypertensive, older, smokers, pts with known CAD, intermittent claudication, and those who visit podiatrist so that appropriate treatment modalities can be instituted.