



## Peripheral Vascular Disease (PVD)

Peripheral Vascular Disease (PVD) is caused by atherosclerosis involving the aorta and/or large arteries that branch from the aorta supplying the arms and legs. Disease in the legs is much more common than the arms. The arteries to the kidneys (renal arteries) can also be involved.

When blood flow is decreased by the blockages, ischemic pain can result (claudication). Claudication is brought on by activity (such as walking) and is relieved by rest. Poor blood supply can also lead to poor healing of even minor injuries, chronic ulcers, and gangrene.

The risk factors for developing PVD are similar to those for coronary artery disease (CAD) with cigarette smoking being a prominent risk factor.

On exam, the distal limb may feel cool or have diminished pulses. Often a bruit (sound) can be heard over the site of blockage. The ankle-brachial blood pressure ratio test can be done to evaluate the extent of the blockage in the legs.

Initial treatment is typically a reduction in risk factors, exercise, and medications to improve blood flow. If the blockages are severe, surgical treatment may be needed such as percutaneous angioplasty (PTA) or bypass grafting.

PVD is also a marker for atherosclerosis in other sites such as coronary artery disease and carotid artery disease.

### Underwriting consideration

The rating for PVD with no history of coronary or cerebrovascular disease is Table C to Table E (the higher rating is applied to those with extensive disease or with multiple surgeries). Anyone on coumadin is rated no less than Table B.

*To get an idea of how a client with Peripheral Vascular Disease would be viewed in the underwriting process, please feel free to use the Ask "Rx" pert underwriter for an informal quote on the next page.*

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