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Tew, Garry Alan orcid.org/0000-0002-8610-0613, Allen, Louise, Askew, Christopher D et al. (11 more authors) (2020) *Infographic. Exercise for intermittent claudication*. *British Journal of Sports Medicine*. ISSN 1473-0480

<https://doi.org/10.1136/bjsports-2019-101930>

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Infographic. exercise for intermittent claudication

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Exercise for Intermittent Claudication

What is intermittent claudication?

- Leg muscle pain or discomfort during walking
- Usually caused by narrowed arteries

NICE National Institute for Health and Care Excellence
RECOMMENDS EXERCISE

Supervised exercise classes produce the greatest benefits - ask your doctor or specialist if these are available locally

Benefits of exercise

- Reduces pain
- Reduces the need for vascular procedures
- Improves heart and vascular health
- Improves mood
- Improves sleep
- Maintains healthy weight

Key recommendations

- Aim to complete 30-60 minutes of walking per session
- Follow the walk-rest-walk pattern (central diagram)
- 3-5 sessions per week

Walk regularly for exercise

Walk at a speed that you can maintain for 3-10 minutes

to reduce pain and improve fitness

some is good, more is better, make it a habit

Further guidance

- Do not fear walking with leg pain – it will not harm you
- Build up gradually – your walking speed and time
- Be patient – it usually takes several weeks of exercise to improve symptoms

General tips

- Wear comfortable clothing, keep hydrated
- Choose routes with resting places
- Build in variety, involve others, keep it fun
- Do not exercise if you are unwell
- Seek medical advice if you experience chest pain, dizziness or sickness

Do strengthening and balance activities as well

... on at least 2 days per week
... to stay strong and reduce the risk of falling

Where can I find out more information about this condition?
The Circulation Foundation: www.circulationfoundation.org.uk

Source: Based on the BASES Expert Statement by Tew, Harwood, Ingle, et al. in *The Sport and Exercise Scientist*, Issue 57 (Autumn 2018), https://www.bases.org.uk/imgs/autumn_2018_7601_bas_expert_statement_v2_569.pdf

Disclaimer: This infographic is not a validated clinical decision aid. Any reliance placed on this information is strictly at the user's own risk.

Thanks: To the reviewers who helped to produce this infographic, which was co-funded by The Circulation Foundation and Northumbria University.

CIRCULATION FOUNDATION
The Vascular Charity

first-line therapy for IC, and that revascularisation and vasodilator therapy should only be considered if exercise provides insufficient symptom relief. Although research studies have shown unsupervised exercise to be generally less effective at improving functional status than an SEP, it can still be effective, and should be recommended if an SEP is not available.^{1,2}

The evidence supporting the efficacy of exercise for people with IC dates back to 1966 when a study reported that 6 months of interval walking exercise improved patients' pain-free and maximum walking distances.³ Over the following 50+ years, numerous randomised trials and meta-analyses have been published supporting the efficacy of exercise in improving functional status in this population.⁴ Despite this evidence and the clinical guideline recommendations, the provision of SEPs is variable, with one study reporting that only 38.5% of vascular units in the UK had access to an SEP.⁵ Potential barriers include a lack of funding, facilities and patient motivation.

The benefits of exercise for people with IC are too great to be ignored. Therefore, to support the provision and uptake of exercise, we have developed two new resources. First, a statement for healthcare professionals that summarises the evidence and provides exercise prescription guidelines.² Second, an infographic of key messages aimed primarily at patients. This infographic, which may be shared digitally or used as a poster or handout in clinics, aims to encourage patients to make exercising a regular habit by highlighting potential benefits and providing clear guidelines and safety messages. We hope that readers will share this infographic widely to enhance awareness of this debilitating condition and the important role that exercise can play in its management.

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Intermittent claudication (IC) is pain or discomfort in the muscles of the calf, thigh or buttock that occurs during walking and is relieved by rest. It affects 4% of people over 60 years of age and is the most common symptom of peripheral arterial disease (PAD). For people with IC, the goals of treatment are twofold: (1) secondary prevention of cardiovascular disease through management of risk factors

(eg, tobacco use, dyslipidaemia, diabetes, hypertension and physical inactivity); (2) improving functional status, with treatment options including exercise training, revascularisation and vasodilator therapy.¹

In 2012, the UK's National Institute for Health and Care Excellence published a clinical guideline on the diagnosis and management of PAD.¹ This guideline recommended that a 3-month supervised exercise programme (SEP) should be offered as a

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Contributors GT led the design of the infographic and drafted the accompanying text. All coauthors contributed to the design of the infographic and reviewing and revising the text. All authors approved the final version to be published and are accountable for all aspects of the work.

Funding The infographic was funded by The Circulation Foundation and Northumbria University.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.



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To cite Tew GA, Allen L, Askew CD, *et al*. *Br J Sports Med* Epub ahead of print: [please include Day Month Year]. doi:10.1136/bjsports-2019-101930

Accepted 23 January 2020

Br J Sports Med 2020;0:1–2.
doi:10.1136/bjsports-2019-101930

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