**Table 2.** Qualitative studies exploring living with peripheral arterial disease

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| Author and Year | Country | Research Design | Method of Analysis | Study Aims and Objectives | Sample | Diagnosis /Treatment | Eligibility Criteria | Main Findings |
| Cunningham *et* al.  (2014) | Scotland | Qualitative semi-structured interviews | Thematic analysis | Explore illness & treatment belief and walking behaviour | 20 Participants  Age, mean 70.9  Male (%) : 55 | IC  Bypass graft %: 60  Angioplasty %: 40 | Diagnosis of IC & revascularisation surgery or angioplasty between 6- 24 months | Ongoing symptoms, avoiding walking, patients unaware of the cause of the disease, unaware of increased risk of future cardiovascular rik. |
| Eberg *et* al. (2012) | Sweden | Qualitative semi-structured interviews | Thematic analysis | Describe individuals’ experiences of living with IC from an insider’s perspective. | 17 Participants  Age, mean 73  Male (%) : 53 | IC  No intervention | Diagnosis of IC and were able to read and speak the Swedish language. | The main theme was ‘‘Adjusting to a restricted life.’’ Six themes were identiﬁed: ‘‘Experiencing discomfort in the legs,’’ ‘‘Moving around in a new way,’’ ‘‘Feeling inconvenient when forced to stop,’’ ‘‘Missing previous life,’’ ‘‘Incorporating intermittent claudication in daily life,’’ and ‘‘To lead a strenuous life.’’ |
| Gibson & Kenrick (1998) | England | Face-to-face, descriptive interviews | Open and axial coding techniques | Explore the lived experience of peripheral vascular disease | 9 Participants  Age, Mean 65  Male (%): 67 | Post Bypass surgery for severe ischaemia | Post bypass surgery for severe ischaemia | Patients experienced powerlessness in relation to the direct effects of their condition and in relation to its treatment modalities. |
| Schorr *et* al. (2015) | USA | Qualitative semi-structured interviews  Face-to-face, descriptive interviews  PAD symptom questionnaire | A qualitative content analysis | Describe the symptom experience of individuals diagnosed with PAD | 38 Participants  Age, mean 67.6  Male (%) : 79 | PAD | 21 years of age and older, diagnosed with PAD , reporting exercise-limiting symptoms, cleared for exercise, able to read, write, and speak English | Six themes emerged: symptom descriptors (claudication and atypical), maintaining equilibrium, temporal fluctuations, the role of exercise, perceived impact on quality of life, and disease presence and treatment. |
| Suckow *et* al. (2015) | USA | Focus Groups | Thematic analysis | Describe which domains vascular amputees consider important in determining their health-related QOL | 26 Participants  Age, mean 64  Male (%) : 73 | Major amputation due to PAD | Patients had to have undergone at least one major lower extremity amputation (above or below knee), able to read, write, and speak English | Patients stated that their current QOL was determined by impaired mobility, pain, progression of disease in the remaining limb and depression/frustration. |
| Treat-Jacobson *et* al.  (2002) | USA | Open-ended interviews | Grounded theory analysis | To evaluate the effects of peripheral artery disease (PAD) on health-related quality of life from the patient’s perspective | 38 Participants  Age, mean 65  Male (%) : 63 | PAD | Range of PAD severity | Seven major themes were identified: (a) delay in diagnosis and frustration with management of disease; (b) pain; (c) limitation in physical functioning; (d) limitation in social and role functioning; (e) compromise of self; (f) uncertainty and fear; and (g) adaptation to the effects of the disease and demonstration of resiliency. |
| Wann-Hansson *et* al. (2005) | Sweden | Qualitative semi-structured interviews | Manifest and latent  content analysis | To investigate patients’ experiences of living with peripheral arterial disease (PAD) and the inﬂuence on activities of daily living. | 24 Participants  Age, mean 77  Male (%) : 50 | PAD before intervention | A purposive sampling technique was used to recruit  four patients with severe claudication intermittence and 20 with critical ischaemia who offered different perspectives on the experience of living with PAD. | Living with PAD meant carrying a hard-to- bear physical, social and emotional burden, and struggling for relief. The experience of burden was interpreted in the following themes representing consequences and strategies for gaining control in daily life: (I) ‘‘being limited by the burden’’ (II) ‘‘striving to relieve the burden’’ (III) ‘‘accepting and adapting to the feeling of burden’’. |
| Wann-Hansson *et* al. (2008) | Sweden | Qualitative semi-structured interviews | Manifest and latent  content analysis | To illuminate the long-term experience of living with PAD and the recovery following revascularisation. | 14 Participants  Age, mean 75  Male (%) : 64 | PAD patients following intervention  Endovascular: 8 patients  Surgery: 3 patients  Endovascular and bypass: 3 patients | patients who: (1) had undergone vascular intervention; (2) were able to participate in interviews ; (3) had not undergone a major lower limb amputation | Transition from being in an acute phase of PAD to the recovery after revascularisation and entering a chronic phase of PAD: (I) ‘becoming better but not cured’; (II) ‘recapturing control over life’; (III) ‘reappraising meaning in life’. |