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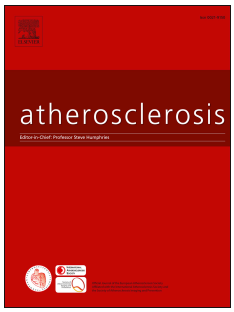

Peripheral arterial disease and loss of physical function: Just two old friends?

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Peripheral arterial disease and loss of physical function: Just two old friends?

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Life expectancy in the United States and Europe has increased during the last decade, resulting in a higher proportion of older citizens (1). This change shifts medical attention to the multi-dimensional needs of the older population, with a new paradigm towards the impact of functionality and independent living (1). Given data, around 10% of people older than 65 years will be living with frailty, a distinctive health state related to aging and disease, with multiple body systems gradually loosing function and reserves and diminished resilience towards minor events (1). In this context, preservation of stability and mobility, as well as fall prevention, becomes paramount for individualized care planning. Older and elderly individuals are especially prone to the development of peripheral arterial disease (PAD) as “key element” in the context of multi-morbidity (2). It is suspected that peripheral arterial disease (PAD) affects more than 200 million people across the globe. Several studies documented the physical impairment of patients suffering from peripheral arterial disease (PAD) (3,4). Most surprisingly, even asymptomatic PAD subjects are at risk for greater functional decline compared to subjects without PAD (4). Clinical judgment based on a taxonomy in chronic care management, including knowledge on the impact of single diseases and clusters of diseases on physical function, will help predict individual as well as population based health trajectories. Thus,