



## AB022. SOH23ABS\_065. Barriers to the prescription of ACE inhibitors in patients with peripheral arterial disease or related cardiovascular disease

Johann-Christoph Licht<sup>1</sup>, Naomi Eisenberg<sup>2</sup>,  
Graham Roche-Nagle<sup>2</sup>

<sup>1</sup>School of Medicine, University of Limerick, Castletroy, Co. Limerick, Ireland; <sup>2</sup>Division of Vascular Surgery, Toronto General Hospital, University Health Network, Toronto, Ontario, Canada

**Background:** Guidelines recommend that patients with peripheral arterial disease (PVD) should be medically treated to reduce the occurrence of serious cardiovascular events. Angiotensin-converting enzyme inhibitors (ACE-Is) and angiotensin receptor blockers (ARBs) are recommended in this cohort but the rate of prescription of ACE-Is is low. We identified factors associated with the prescription of ACE-Is in patients with symptomatic PAD.

**Methods:** Using the vascular quality initiative (SVS-VQI) database, we evaluated the medical management of 1,239 patients that had undergone procedures for PVD 2017–2021. We collected baseline data, number of patients prescribed ACE-Is or (ARBs), number of patients who were not and any medical reason indicated.

**Results:** At time of procedure, average patient age was 67.2 years and included 829 males and 410 females. Comorbidities included 1,062 (86%) patients with diabetes, 151 (12%) on dialysis, 1,039 (84%) with hypertension, 351 (28%) with coronary artery disease, and 966 (78%) with history of smoking; 876 (70.1%) patients were on aspirin, and 1,024 (83%) were on a statin drug; 556/1,239 (45%) patients were not prescribed ACE-Is/ARBs, 89 (0.07%)

patients had a medical reason and 467 (38%) patients had no medical reason for not being prescribed ACE-Is/ARBs.

**Conclusions:** About 40% of the patients with peripheral arterial disease were not optimally managed with ACE-Is/ARBs. We still need to better understand the barriers and facilitators to the application of the guidelines.

**Keywords:** Angiotensin-converting enzyme inhibitors (ACE-Is); peripheral arterial disease; prescription barriers; renal dysfunction; vascular surgery

### Acknowledgments

*Funding:* None.

### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-23-ab022

**Cite this abstract as:** Licht JC, Eisenberg N, Roche-Nagle G. AB022. SOH23ABS\_065. Barriers to the prescription of ACE inhibitors in patients with peripheral arterial disease or related cardiovascular disease. *Mesentery Peritoneum* 2023;7:AB022.