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# Nurse led claudication clinics – a first class service.

## Introduction

Intermittent claudication is prevalent in 5% of the over 55's in the UK. **It significantly reduces the quality of life of the patient, and is a marker for high atherosclerotic disease risk.** Nurse led claudication clinic (NLCC) was introduced in 2005, weekly Clinic for patients with suspected Intermittent Claudication. Patients history, results of clinical examination and ABPI recorded. Diagnosis established and patients directly referred for imaging as appropriate. Information of disease process, benefits of exercise and the need for best medical therapy all discussed with the patient.

## Clinic Aims:

- Reduce the waiting times for first out patient appointment.
- Increase consultant new patient capacity.
- To identify patients with peripheral vascular disease.
- Increase compliance with best medical therapy (BMT) to reduce cardiovascular risk.

## Method:

6 months figures audited looking at patient waiting times, did not attend (DNA) rate and referral rates for investigation/treatment. BMT compliance were monitored at the time of appointment and then with telephone follow up three months after appointment. BMT was antiplatelet or anticoagulation therapy, statin therapy, systolic BP <140 and in pts with diabetes HBA1c < 6.

## Results:

- NLCC patients were seen an average of 8 weeks earlier than in consultant led clinics.
- 13 % increase in consultant first appointment capacity.
- 165 outpatient appointments were allocated.
- **Compliance with BMT increased from 57% to 60% in the diabetic patient and 38% to 62% in the non diabetic patient.**

## Conclusion:

Primary Care are good at reducing cardiovascular risk for the diabetic patient but need to improve BMT rates for the at risk non diabetic patient.

**Nurse led claudication clinic improve the compliance with BMT considerably with the added benefits of Reduce waiting times and increasing appropriate utilisation of outpatient resources.**

**Leanne Cook Vascular Nurse Specialist and Craig Irvine Consultant Vascular Surgeon**

<b>Total appointed</b>	<b>165</b>
DNA	22
Missing data	2
Discharged as not claudication	28
<b>Leaving</b>	<b>113</b>
Referred for imaging	98
Non lifestyle limiting	15

<b>Compliance with BMT</b>	<b>On referral</b>	<b>Following appointment</b>
<b>Diabetic</b>	57% 12/21	60% 13/21
<b>Non diabetic</b>	38% 33/87	62% 54/87

1 patient died. Unable to contact 5