Ankle-brachial index: an independent indicator of increased risk for coronary heart disease

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Coronary heart disease (CHD) is the most common and significant cardiovascular disease that represents a public health problem. Atherosclerosis is considered the leading cause. In addition to coronary heart disease and cerebrovascular disease, we also include peripheral arterial disease, the underlying cause of which is atherosclerosis of blood vessels. The presence of peripheral arterial disease affects the morbidity and mortality of patients with CHD, as shown by earlier studies. The ankle-brachial index (ABI) is a direct indicator of the risk of cardiovascular mortality, and the presence of peripheral arterial disease in correlation with the pathological finding of the ABI increases mortality by as much as six times. 1,2 The ABI is a simple, diagnostic, non-invasive method that shows high sensitivity and specificity in diagnosing peripheral arterial disease when the ABI is \leq 0.9. It is also a strong indicator of atherosclerotic disease in other arterial areas. Previous studies have shown that the ABI is an indicator of increased risk for CHD and has predictive power in detecting CHD. 3,4

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