

**Exercise effective for intermittent claudication**

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<b>Clinical Question</b>	Compared to placebo or usual care, how effective are exercise programs in alleviating symptoms and increasing walking treadmill distances and walking times in people with intermittent claudication (IC)?
<b>Bottom Line</b>	High-quality evidence showed that exercise therapy played an important part in the care of selected patients with IC, improving pain-free walking times and distances. Effects were demonstrated following three months of supervised exercise, although some programs lasted longer than one year. Limited data suggested that an effect was sustained for up to two years. Exercise did not improve ankle brachial index, and there were no differences in the effect of exercise between groups in terms of amputation or mortality. Exercise might improve quality of life when compared with placebo or usual care.
<b>Caveat</b>	Evidence presented in this review was of moderate to high quality. Comparisons of exercise with antiplatelet therapy, pentoxifylline, iloprost, vitamin E, and pneumatic foot and calf compression were limited because numbers of identified trials and participants were small.
<b>Context</b>	People with mild to moderate IC are advised to keep walking, stop smoking, and reduce cardiovascular risk factors. Other treatments include antiplatelet therapy, pentoxifylline, iloprost, cilostazol, vitamin E, pneumatic foot and calf compression, angioplasty, and bypass surgery.
<b>Cochrane Systematic Review</b>	<a href="#">Lane R et al. Exercise for intermittent claudication. Cochrane Reviews, 2017, Issue 12. Art. No.: CD000990.DOI: 10.1002/14651858. CD000990.pub4.</a> This review contains 32 studies involving 1,835 participants.

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