References and Figures for Articles Appearing in the Winter, 2012 Edition of The Maryland Family Doctor
Theme: Topics in Men's Health

Preventive Services for Men in the Primary Care Practice by Peter Beilenson, M.D. and Lauren Gay

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[ii] http://www.kff.org/insurance/snapshot/OECD042111.cfm
[iii]http://www.commonwealthfund.org/Publications/Fund-Reports/2007/May/Mirror--Mirror-on-the-Wall--An-International-Update-on-the-Comparative-Performance-of-American-Healt.aspx
[iv]http://www.bluecrossmn.com/bc/wcs/groups/bcbsmn/@mbc_bluecrossmn/documents/public/mbc1_healthcare_cost_drivers.pdf
[v] http://www.kaiseredu.org/Issue-Modules/US-Health-Care-Costs/Background-Brief.aspx# What is driving health care costs?
[vi] http://www.ahrq.gov/clinic/uspstfix.htm
[vii] http://www.ahrq.gov/clinic/uspstfix.htm
[viii] http://epss.ahrq.gov/ePSS/about
[ix] http://epss.ahrq.gov/ePSS/gradedef.jsp
[x] http://epss.ahrq.gov/ePSS/about/GetResults.do
[xi] ibid
[xii] ibid
[xiii] http://www.auanet.org/content/health-policy/government-relations-and-advocacy/in-the-news/uspstf-psa-recommendations.cfm?WT.mc_id=EML6621MKT

Hypogonadism: A Rise in the Fall of Testosterone by Jessica M. Stinnette, M.D.

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Feel a Pulse, Save a Life: Minimizing Complications in Critical Limb Ischemia by Mark L. Lessne, M.D.

1. L N, WR H, JA D, et al. INTER-SOCIETY CONSENSUS FOR THE MANAGEMENT OF PERIPHERAL ARTERIAL DISEASE (TASC II). *JOURNAL OF VASCULAR SURGERY.* 2007;45:S5 - S67.
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Figures

Figure 1: Fate of the claudicant over 5 years (adapted from ACC/AHA guidelines[5]). PAD – peripheral arterial disease; CLI – critical limb ischemia; CV – cardiovascular; MI – myocardial infarction. Adapted with permission from Hirsch AT *et al. J Am Coll Cardiol* 2006;**47**:1239–1312.

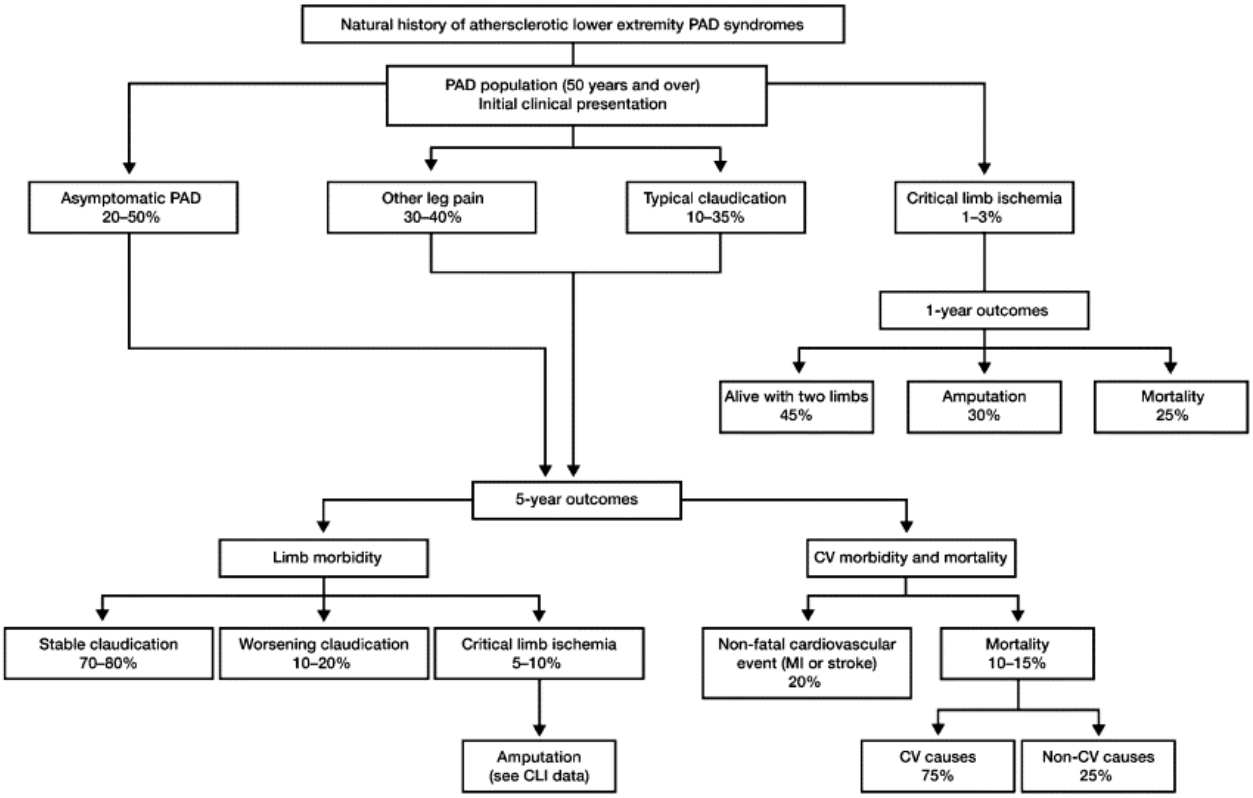

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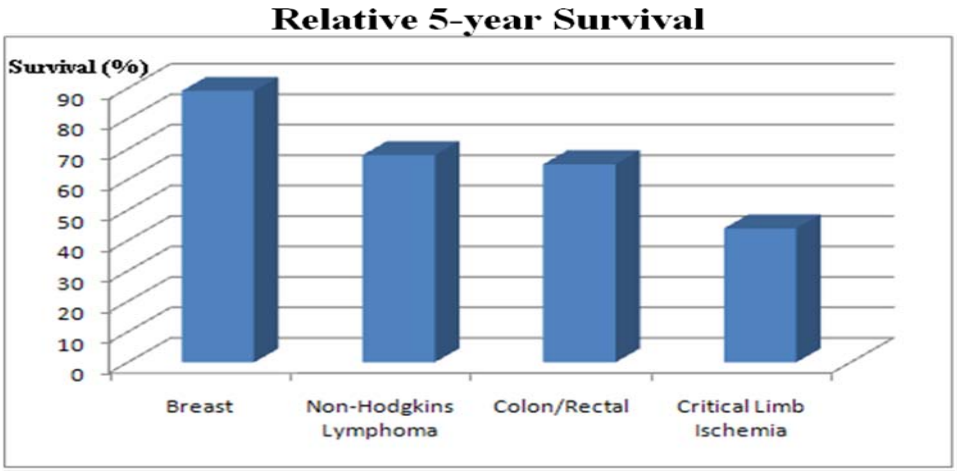
Figure 2



Based on SEER Cancer Statistics 2007, http://seer.cancer.gov/

Figure 3

Characteristics of common foot and leg ulcers

Origin	Cause	Location	Pain	Appearance	Role of revascularization
Arterial	Severe PAD, Buerger's disease,	Toes, foot, ankle	Severe	Various shape, pale base, dry	Important
Venous	Venous insufficiency	Malleolar, esp. medial	Mild	Irregular, pink base, moist	None
Mixed venous/arterial	Venous insufficiency + PAD	Usually malleolar	Mild	Irregular, pink base	If non-healing
Skin infarct	Systemic disease, embolism	Lower third of leg, malleolar	Severe	Small, often multiple	None
Neuropathic	Neuropathy from diabetes, vitamin deficiency, etc	Foot/plantar surface (weight-bearing), associated deformity	None	Surrounding callus, often deep, infected	None
Neuroischemic	Diabetic neuropathy + ischemia	Locations common to both ischemic and neuroischemic As arterial	Reduced due to neuropathy	As arterial	As arterial

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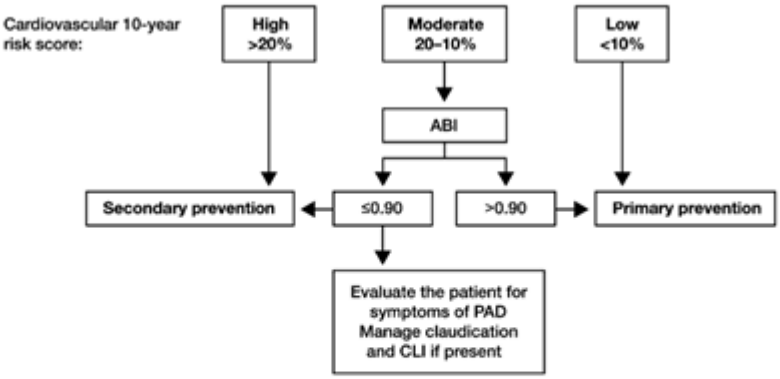
Figure 4



Algorithm for use of the ABI in the assessment of systemic risk in the population. Primary prevention: No antiplatelet therapy; LDL (low density lipoprotein) <3.37 mmol/L (<130 mg/dL) except in patients with diabetes where the LDL goal is <2.59 mmol/L (<100 mg/dL) even in the absence of CVD (cardiovascular disease); appropriate blood pressure (<140/90 mmHg and <130/80 mmHg in diabetes/renal insufficiency). Secondary prevention: Prescribe antiplatelet therapy; LDL <2.59 mmol/L (<100 mg/dL) (<1.81 mmol/L [<70 mg/dL] in high risk); appropriate blood pressure (<140/90 mmHg and <130/80 mmHg in diabetes/renal insufficiency).
In patients with diabetes, HbA1c <7.0%.

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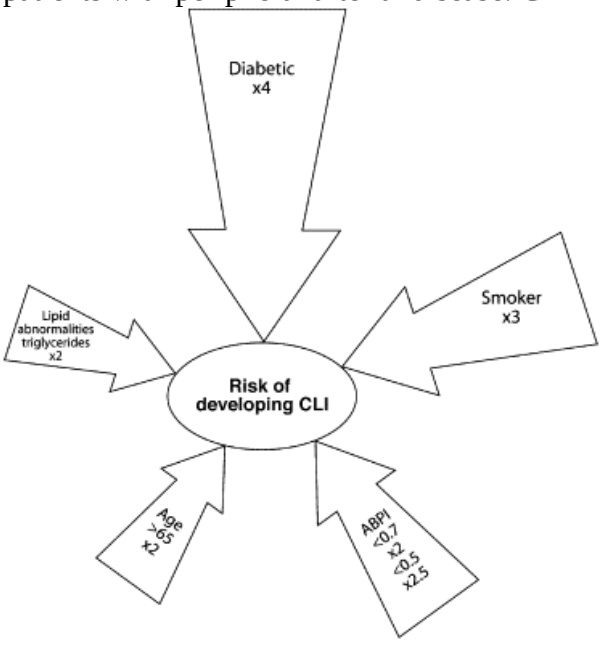
Figure 5: Approximate magnitude of the effect of risk factors on the development of critical limb ischemia in patients with peripheral arterial disease. CLI – critical limb ischemia.



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