

and deterioration of quality of life are reported, revascularization should be considered.

We are aware of several limitations of this study. The documentation of walking distance as reported by the patients is debatable. Values at baseline and follow-up may be prone to reporting bias, a limitation which may be overcome by standardized walking tests or treadmill exercise testing, which unfortunately was not available in these patients. Objective testing of walking distance is particularly necessary for comparative studies between interventional and conservative therapy. Nevertheless, symptoms reported by the patients can be considered as the most important trigger for considering revascularization in claudicants.

Conclusion

A significant proportion of patients with intermittent claudication improve with conservative medical therapy, despite a lack of hemodynamic improvement. In the short term, primarily conservative therapy can be given to patients with intermittent claudication as initial option of treatment.

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