

## What is Peripheral Artery Disease?

Peripheral artery disease (PAD) happens when fatty buildup (“plaque”) slowly clogs the blood vessels that carry blood to your legs and feet. This reduces blood flow to the muscles and skin, which can cause pain, weakness, or slow healing. PAD is not just a leg problem. It is a sign of blood vessel disease throughout the body and increases the risk of heart attack and stroke.

### What causes PAD?

PAD develops over many years as cholesterol and fatty material collect inside the arteries, making them narrow and stiff. Common risk factors include smoking, diabetes, high blood pressure, high cholesterol, kidney disease, older age, and family history of heart or blood vessel disease.

### What are the common symptoms?

- Leg pain, cramping, or tightness when walking that improves with rest
- Heavy, tired, or weak legs
- Pain in the feet or toes while resting or lying down
- Slow-healing sores or wounds
- Cool skin, color changes, or hair loss on the legs
- Some people have no symptoms even when PAD is present

### How is PAD diagnosed?

Your provider may check pulses in your legs and feet, examine your skin, and review your health history. A simple test called the Ankle-Brachial

Index (ABI) compares blood pressure in your ankle to your arm: Normal 1.00–1.40, Borderline 0.91–0.99, PAD 0.90 or lower. Ultrasound or CT scans may be used if procedures are being considered.

### What medications are used?

- Aspirin or clopidogrel to prevent blood clots
- Cholesterol-lowering statins
- Blood pressure medicines
- Diabetes control
- Cilostazol to improve walking distance (not used in heart failure)
- In some higher-risk patients, low-dose rivaroxaban plus aspirin may be used.

### Is exercise important?

Yes. Walking is one of the best treatments for PAD. Aim for 30–45 minutes of walking at least three days per week. Walk until moderate discomfort, rest, and then continue.

### When are procedures needed?

Procedures to open blocked arteries may be recommended when symptoms limit daily activities or when wounds do not heal.

### What lifestyle changes help?

- Stop smoking.
- Walk regularly.
- Eat a heart-healthy diet.
- Maintain a healthy weight.
- Check your feet daily for cuts or sores.

### What complications can occur?

Without treatment, PAD can lead to worsening pain, slow-healing wounds, infection, amputation, and increased risk of heart attack or stroke.

Deanna Stephens is a board-certified nurse practitioner with UNC Health Southeastern Cardiology and Cardiovascular Care. To learn more about health services available through UNC Health Southeastern, visit <https://www.unchealthsoutheastern.org/care-treatment/heart/>.



Metro Creative Connection

## Recognizing World Obesity Day

World Obesity Day, observed on March 4, is a reminder that obesity is not simply a matter of willpower, it is a chronic, complex and treatable medical condition. As an American Board of Obesity Medicine certified family physician, I am deeply committed to addressing obesity with compassion and evidence-based care, especially for the people of Robeson County.

Obesity affects nearly two in five adults in the United States and is closely linked to serious health conditions including type 2 diabetes, hypertension, heart disease, sleep apnea, fatty liver disease, arthritis, chronic inflammation, mental health conditions, certain cancers and many more.

In Robeson County, the prevalence of obesity is 45%, compared to the North Carolina state average of 36% and the national average of 37%. These numbers highlight the urgent need for community awareness, early prevention among children and young adults and accessible treatment for individuals of all ages. Addressing obesity proactively is essential not only for improving overall health, but also for reducing long-term health care costs and strengthening our community.

Obesity is a chronic disease and is commonly defined as having a body mass index, or BMI, of 30 or higher for adults. However, treatment decisions are based on more than just a number. Individuals with a BMI of 30 or higher qualify for medical weight management. Those

with a BMI of 27 or higher may also qualify if they have weight-related conditions such as diabetes, high blood pressure, high cholesterol or other comorbidities. Most importantly, obesity care is personalized; there is no “one-size-fits-all” approach.

UNC Health Southeastern has started a comprehensive Weight Management Clinic within the UNC Health Southeastern Family Medicine Residency Program. The clinic’s goal is to provide accessible, compassionate, and multidisciplinary care right here in Robeson County. Collaborating closely with bariatric surgeons at UNC Health Surgical Specialists at Southeastern Health Mall in Lumberton, ensures patients have access to the full spectrum of treatment options, from lifestyle counseling and medical therapy to surgical interventions when appropriate.

### Medications

In recent years, medications such as GLP-1s (like Wegovy, Zepbound) have transformed the landscape of obesity treatment for patients who meet the criteria. These medications work by targeting the body’s natural appetite and metabolic pathways, helping patients reduce hunger, improve blood sugar control and achieve significant and sustained weight loss when combined with lifestyle changes. For many patients, these therapies are life-changing, improving mobility, energy, metabolic health and overall well-being.

However, medication alone is not enough. Obesity treatment requires a comprehensive, whole-person strategy including proper nutrition, physical activity, adequate sleep and stress management.

### Nutrition and Protein Intake

Patients using weight loss medications should prioritize adequate protein intake to preserve lean muscle mass during weight reduction. Including high-quality protein sources at each meal supports metabolism, strength and overall function.

### Physical Activity

Regular physical activity is one of the most important things people can do to improve their health. The recommended amount of physical activity per week varies by age and other factors but remember that some activity is better than none. In addition to aerobic activity, resistance training exercises performed two to three times per week are especially important during weight loss. Strength training helps prevent muscle loss and deconditioning, supports metabolism and improves long-term weight maintenance.

### Sleep

Good sleep is essential for our health and emotional well-being. Getting enough sleep and ensuring good sleep quality plays a vital role in weight regulation, hormonal balance and overall health. The amount of sleep needed changes with age. Education about sleep hygiene is an

essential part of obesity treatment.

### Stress Management

Everyone experiences occasional stress; it is a normal part of life. However, long-term stress can contribute to worsening health problems. Managing stress daily through physical activity, mindfulness, social connection, counseling or other supportive strategies can help prevent chronic health issues. If you are struggling to cope with stress, seek resources and additional support.

Obesity is a chronic disease and requires ongoing care not blame or stigma. Successful weight management includes medical therapy when appropriate, nutrition guidance, physical activity, quality sleep, stress management, behavioral support and long-term follow-up.

On World Obesity Day, I encourage our community to shift the conversation. Obesity is not a personal failure. It is a medical condition influenced by genetics, biology, environment and social factors. Seeking treatment is a proactive step toward better health.

If you or a loved one is struggling with weight-related health concerns, know that help is available and you are not alone.

Kodanda Valusa, MD, is an associate program director for UNC Health Southeastern’s Family Medicine Residency Program. Her qualifications include diplomate of American Board of Family Medicine, certificate of added qualifications in geriatrics, and diplomate of the American Board of Obesity Medicine. To learn more, call UNC Health Southeastern Family Medicine at The Oaks at 910-738-2662 or visit [unchealthse.org](http://unchealthse.org).

## New pathway for custom treatments for rare diseases

Matthew Perrone

AP Health Writer

WASHINGTON — Federal health officials on Monday laid out a proposal to spur development of customized treatments for patients with hard-to-treat diseases, including for rare genetic conditions that the pharmaceutical industry has long considered unprofitable.

The preliminary Food and Drug Administration guidelines, if implemented, would create a new pathway for bespoke therapies that have only been tested in a handful of patients due to the challenges of conducting larger studies. The FDA announcement specifically mentions

gene editing, although agency officials said the new approach could also be used by other drugs and therapies.

It’s a shift long sought by patients, advocates and researchers focused on rare diseases, which often do not fit within the pharmaceutical industry’s business model or the FDA’s traditional drug-approval system.

“It is our priority to remove barriers and exercise regulatory flexibility to encourage scientific advances and deliver more cures and meaningful treatments for patients suffering from rare diseases,” FDA Commissioner Marty Makary said in a release.

The announcement comes

a week after Makary said the FDA would drop its decades-old standard of requiring two clinical trials for standard drug reviews. That was the latest in a series of changes to FDA norms and standards, many which have not gone through federal procedures traditionally used to update agency rules.

Senior FDA officials said the recent changes, including the pathway proposed Monday, don’t constitute new FDA standards. The FDA will take comments on its draft guidance for 60 days, before beginning to finalize it.

In recent years, academic researchers have shown they can use emerging technology

to correct individual defects in a patient’s genetic code. Last year, a team at Children’s Hospital of Philadelphia and the University of Pennsylvania designed a therapy using CRISPR, the Nobel Prize-winning gene editing tool, to treat a baby born with a rare disease that causes ammonia to build up in the blood.

Traditionally, the FDA requires drugmakers to demonstrate the safety and effectiveness of their experimental treatments in clinical studies that compare a set of patients getting the therapy with others taking a sham treatment or an alternative intervention. The more patients enrolled, the stronger the evidence.