

Demographics of Lower Extremity Limb Loss at University Medical Center-New Orleans

Paul Mayeaux ¹, Natalie Bujard ¹, Sherry Dymond ¹, Mia Angelo ¹, James Aulds ¹, Dr. Jessica Rivera²
¹ School of Medicine, ² Department of Orthopaedics, Louisiana State University Health Sciences Center – New Orleans

Introduction	Results	Discussion and Limitations
- Non-traumatic limb amputations affect over 150,000 people annually in the U.S., most often due to diabetes and peripheral artery disease (PAD). - Up to 20% of diabetic foot ulcer patients progress to amputation, with 65% recurrence within five years and mortality exceeding that of many cancers. - The burden is disproportionately higher among African American, Hispanic, and American Indian populations, with African Americans facing a 2–4× greater risk than White populations.	- Preliminary data collected on 34 subjects indicated an average age of 50 ± 14 years (range: 24–65 years) - Patients with limb loss attributed to comorbid disease had an average age of 55 ± 9 years - Among subjects with limb loss not due to a medical comorbidity (e.g., trauma), 31% still had at least one comorbid condition. Overall, the population demonstrated a high burden of chronic disease, with 53% having peripheral vascular disease, 44% diabetes, and 47% chronic kidney disease - For subjects with limb loss attributed to a medical comorbidity, 55% had all three conditions (diabetes, peripheral vascular disease, and renal disease), 42% had two comorbidities, and only one patient had peripheral vascular disease alone	- The younger average age of limb loss suggests earlier onset or poorer control of chronic diseases such as diabetes and peripheral vascular disease in this population. - A high burden of comorbidities highlights the need for stronger preventive care and earlier intervention to reduce amputation risk. - These findings are based on preliminary data collection, and results may evolve as additional patient records are reviewed and the dataset expands
Objective and Significance	INSURANCE ■ Private ■ Federal Insurance Figure 1. Insurance classification for cohort with Limb Loss due to Medical Comorbidity	Conclusion - Our patient population is relatively young with a high burden of comorbid disease, whereas the typical published average age for diabetes-related limb loss is over 60 years. - These preliminary findings suggest that our chronic medical patients who experience limb loss may be younger than previously reported, potentially impacting the local workforce and quality years of life.
Methods	RACE ■ African American ■ White Figure 2. Race for cohort with Limb Loss due to Medical Comorbidity	References 1. Creager, M. A., Matsushita, K., Arya, S., Beckman, J. A., Duval, S., Goodney, P. P., Gutierrez, J. A. T., Kaufman, J. A., Joynt Maddox, K. E., Pollak, A. W., Pradhan, A. D., Whitsel, L. P., & On behalf of the American Heart Association Advocacy Coordinating Committee. (2021). Reducing Nontraumatic Lower-Extremity Amputations by 20% by 2030: Time to Get to Our Feet: A Policy Statement From the American Heart Association. <i>Circulation</i>, 143(17). https://doi.org/10.1161/CIR.0000000000000967 2. Barnes, J. A., Eid, M. A., Creager, M. A., & Goodney, P. P. (2020). Epidemiology and Risk of Amputation in Patients With Diabetes Mellitus and Peripheral Artery Disease. <i>Arteriosclerosis, Thrombosis, and Vascular Biology</i>, 40(8), 1808–1817. https://doi.org/10.1161/ATVBAHA.120.314595 3. McDermott, K., Fang, M., Boulton, A. J. M., Selvin, E., & Hicks, C. W. (2023). Etiology, Epidemiology, and Disparities in the Burden of Diabetic Foot Ulcers. <i>Diabetes Care</i>, 46(1), 209–221. https://doi.org/10.2337/dci22-0043 4. Fanaroff, A. C., Yang, L., Nathan, A. S., Khatana, S. A. M., Julien, H., Wang, T. Y., Armstrong, E. J., Treat-Jacobson, D., Glaser, J. D., Wang, G., Damrauer, S. M., Giri, J., & Groeneveld, P. W. (2021). Geographic and Socioeconomic Disparities in Major Lower Extremity Amputation Rates in Metropolitan Areas. <i>Journal of the American Heart Association</i>, 10(17), e021456. https://doi.org/10.1161/JAHA.121.021456 5. Gornik, H. L., Aronow, H. D., Goodney, P. P., Arya, S., Brewster, L. P., Byrd, L., Chandra, V., Drachman, D. E., Eaves, J. M., Ehrman, J. K., Evans, J. N., Getchius, T. S. D., Gutiérrez, J. A., Hawkins, B. M., Hess, C. N., Ho, K. J., Jones, W. S., Kim, E. S. H., Kinlay, S. (2024). ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VES Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. <i>Circulation</i>, 149(24). https://doi.org/10.1161/CIR.0000000000001251