



Developed and funded by Alfasigma
For Healthcare professionals



Podcast Dr. Popescu

Welcome to Vascular Stories, the medical podcast on vascular disease. I'm Katie, and in this podcast, we'll speak of "CVD early diagnosis, risk factors and adherence".

Good morning, Dr. Popescu

Dr. Popescu, which are the main chronic venous disease signs and symptoms that are bringing the patients to your office?

Chronic venous disease or CVD, in its more advanced stages, also referred to as chronic venous insufficiency, or CVI, is a multifactorial condition that affects the lower limbs. It is related to many factors, such as endothelial dysfunction, inflammation, vein wall remodeling, incompetent valves, venous hypertension and reflux. The symptoms of chronic venous disease recently received specific attention and became the object of a paper that was published by Bignamini et al. in Journal of Advanced Therapy in 2020. In this paper, the symptoms listed by the authors and found more or less common in patients with chronic venous disease were pain or aching, throbbing, tightness, heaviness, fatigue, feeling of swelling, cramps, itching, restless legs, tingling and sometimes heat or burning sensation. So quite a large variety of symptoms reported by the patients.

The symptoms and signs of chronic venous disease should be recognized promptly in order to be able to establish appropriate therapeutic interventions. And this is something very obvious, but there are also published data on the importance of early recognition of those symptoms that was published by De Messner et al in European Journal of Vascular and Endovascular Surgery in 2022

Are patients usually looking for your help when their signs & symptoms are mild, moderate or severe?

Well, in my own experience, the patients that I see are usually looking for help When their signs and symptoms are moderate or severe.

There is a small pool of patients that are coming for consultation for mild symptoms, but this is something that's not significant in terms of percentage, and I think that we should make our patients aware of this problem and inform them that the quicker the initial consultation and the initial evaluation, the more effective the intervention that can improve their disease.

Is chronic venous disease a progressive one?

Chronic venous disease is a common disease, and as it names suggest, is chronic. So it does not heal, we can keep it under control and in the absence of medical or surgical intervention, this disease tends to progress seriously, worsening the quality of life of patients and generating high social and healthcare costs.

Data about the increased cost of the healthcare system, and also the direct social cost for the patient themselves, were published in a paper in Internal Journal of molecular science in 2018.

Moreover, complications may develop acute complications include formation of blood clots,

the well known superficial or deep vein thrombosis, which can be quite serious. And other frequent complications are skin changes, phlebitis, venous ulcers, cellulitis and less frequently, bleeding episodes may occur.

Do the patients who come to your attention at a certain stage evolve or not?

If not treated chronic venous disease progresses in about one in 10 cases to chronic venous insufficiency, with serious venous complications, skin changes and venous leg ulcers.

Which might be considered the pivotal risk factors for its progression?

There are, of course, some risk factors that may predict chronic venous disease progression, and these risk factors include advanced age, female gender, being overweight, family history of varicose veins, superficial and deep, venous reflux.

This is why early diagnosis and early management of chronic venous disease progression are key, in addition to alleviating signs and symptoms, to prevent or to delay the progression to higher CEAP clinical grades. And this was shown in a paper by Labropoulos, published in 2019

Regarding the pivotal risk factors for chronic venous disease progression, I would say that the most important pivotal risks are age, overweight or obesity, family history.

These factors, together with female sex and the presence of superficial venous reflux are very important in order to predict those patients who are more likely to have a progressive disease. And data on these pivotal risk factors were published by Yun in Annals of Phlebology, in 2023

I would add to those pivotal risk factors, environmental factors that include sedentary lifestyle, that is also an important risk factors for the progression of chronic venous disease.

What are the current main therapeutical recommendations for chronic venous disease? Are there specific recommendations for early stages?

Well, first of all, in order to be able to slow chronic venous disease progression, patients in general, should control their weight so to try to be of normal weight versus overweight or obese, to increase their mobility and to increase the physical activity, to wear compression if this is applicable.

In my opinion, the three pillars of conservative treatment are physical exercise and lifestyle adaptations, compression therapy and in terms of pharmacotherapy, the use of venoactive drugs that demonstrated to be effective for the signs and symptoms of chronic venous disease, and data on the venoactive drugs that are really effective in dealing with signs and symptoms of CVD were published by De Messner in European journal Vascular and Endovascular Surgery in 2022.

Several phlebotonics, or venoactive drugs, are currently available, and they intervene with many of the pathophysiological mechanisms of chronic venous disease, offering promising pharmacological efficacy and safety profiles. Most of these drugs are derived from natural flavonoids extracted from plants.

A recent Cochrane Systematic Review reported a meta analysis of randomized, double, blind, placebo controlled clinical trials that investigated the efficacy of several venoactive drugs such as rutosides, hydroxymethyl-epigallocatechin gallate, diosmin and calcium dobesilate in the treatment of chronic venous disease, concluding that plebotonics reduce edema, and may have benefits on some other signs and symptoms of CVD compared to placebo. And this Cochrane Systematic review was published in 2020 by Martinez Zapata et al.

Therapeutic strategies to address vascular health in order to preclude follow on disorders may include targeted vitamin supplementation and dietary improvements to ensure a sufficient intake of bioavailable nutrient forms.

For how long chronic venous disease patients should follow the treatment recommendations?

Patients with chronic venous disease should follow the treatment recommendations, basically for life.

There is a myth that many patients tend to believe, which says that usually they should treat their chronic venous disease in the hot summer months, because this is when the symptoms and signs tend to get worse. But as I already explained, chronic venous disease is a progressive disease, and we cannot, as practitioners, pretend that we can heal it. So being chronic, patients need to address the chronicity and the potential of being progressive of their disease by taking the prescribed treatment or adhering to the medical or surgical interventions that were recommended basically for life.

(Speaker's own opinion)

How can specialists increase the adherence of these patients?

As with all chronic diseases, adherence to medication is an essential part of patient care. We should make any effort to early identify non-compliant patients to find out which are the main reasons for non-compliance, and also to make an attempt to support those patients to become adherent to the best, conservative treatment they can get.

Tailored therapeutic approach, together with recommendation of appropriate lifestyle changes, such as diet, physical activity, weight loss, must be considered as the milestones for CVD related signs and symptoms clinical improvement in daily clinical practice. And I would say that a strict evaluation of the adherence and of the efficacy of the prescribed pharmacological and compressive treatment in a medium long term follow up of the study population should be planned so.

Our sincere thanks Dr. Popescu for sharing such valuable expertise with us today.

You've been listening to Vascular Stories, the medical podcast on vascular disease. For the full transcript and audio archives, visit us at www.vascular.alfasigma.com. If you found this episode helpful, we invite you to continue following our series for further clinical updates.

This program was made possible with the support of Alfasigma.

Date of preparation: January 2026

GL--VS-202601-00004