

Fewer than 1 in 5 patients receive treatment to prevent life-threatening blood clots

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Fewer than 1 in 5 patients received post-discharge therapy to prevent life-threatening blood clots — venous thrombosis — after hip- or kneereplacement surgery, report Rahme and colleagues in a retrospective cohort study. Venous thrombosis is one of the leading causes of death among hospital patients. However, elderly patients have a 70% lower chance of dying within 3 months if they take an anticoagulant drug to prevent blood clots.

In this study of 10 000 people aged 65 and older in Quebec, there was wide variability between hospitals regarding the number of patients who received post-discharge therapy (thromboprophylaxis) to prevent blood clots and those who did not. Patients at teaching hospitals were less likely to receive treatment than those at community hospitals and those with higher incomes were more likely to receive these medications.

"Compared with patients who did not receive thromboprophylaxis after discharge, those who received thromboprophylaxis after discharge were at lower risk of short-term mortality," state the researchers. They found that only 1 in 5 patients actually received therapy to prevent blood clot formation, meaning 80% did not receive this treatment. Prescription drugs to prevent blood clots include warfarin, heparin and fondaparinux.

"Expert consensus guidelines recommend that patients receive thromboprophylaxis for at least 10 days after knee-replacement surgery and from 10 to 35 days following hip-replacement surgery," write Dr. Rahme and colleagues. "In spite of these recommendations, only 19% of



patients in our study received thromboprophylaxis after discharge."

Further research is needed to understand the variability in treatment to determine whether it is attributed to differences in physician behaviour, health status between patients or differences between patients at teaching and community hospitals.

A related commentary by Fisher and Turpie caution that there are limitations to this study and that it might not have general application. They also point out the need for standard hospital policies, pre-printed medication orders and patient education to ensure consistent practices and compliance.

Source: Canadian Medical Association Journal

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