

Many stroke patients not getting preventive therapy for blood clots

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Patients with strokes, brain tumors and spinal cord injuries are at high risk for life-threatening blood clots, but many do not receive preventive therapy, Loyola University Health System researchers report.

Neurologic and neurosurgical patients are prone to [blood clots](#) because they are immobile or because their blood is more likely to coagulate. But physicians often fail to recognize blood clots in such patients. And even when a blood clot is diagnosed, physicians sometimes fail to treat it with blood-thinning medications because of the risk of [hemorrhage](#).

"In the long run, the benefits in preventing recurrent VTE outweigh the risk of bleeding complications," Dr. Michael J. Scheck and Dr. José Biller write in the February, 2011, issue of the American Academy of Neurology journal *Continuum*.

In most neurologic and neurosurgical patients, beginning therapy with heparin blood-thinning medications within 24 to 48 hours "is both safe and effective," Schneck and Biller write.

A blood clot is known as a venous thromboembolism (VTE). A VTE can be either a blood clot in the arms or legs, known as deep venous thrombosis (DVT), or a blood clot in the lungs, known as a pulmonary embolism (PE). A DVT can come loose and travel to the lung. Twenty-five percent of patients with DVT die as a result of subsequent pulmonary embolism, and the seven-day mortality from PE is 75 percent.

About 75 percent of [stroke](#) patients may develop DVT without prophylactic measures, such as blood-thinning medication, walking as early as possible and compression sleeves and stockings. There's a "wealth of evidence" that such prophylactic measures reduce the frequency of DVT, PE and death in hospitalized patients, Schneck and Biller write.

"Neurologic and neurosurgical patients represent a high-risk subgroup because of underlying disease and immobility," Schneck and Biller write. "Aggressive intervention for prevention and treatment of DVT is imperative."

Schneck is medical director of Loyola's Neurosciences Intensive Care Unit and vice chair of Research and Faculty Development in the Department of Neurology. Biller is chairman of the Department of Neurology at Loyola University Chicago Stritch School of Medicine.

Biller is guest editor of the February issue of *Continuum*. The theme of the issue is neurologic complications of systemic disease.

Also in the February issue, Loyola neurologists Dr. Matthew McCoyd and Dr. Gregory Gruener describe the neurologic aspects of lymphoma and leukemias.

"Although our understanding of the various presentations of these blood disorders has evolved along with our knowledge of the malignancies, accurate diagnosis can still be difficult," McCoyd and Gruener write.

Provided by Loyola University Health System

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