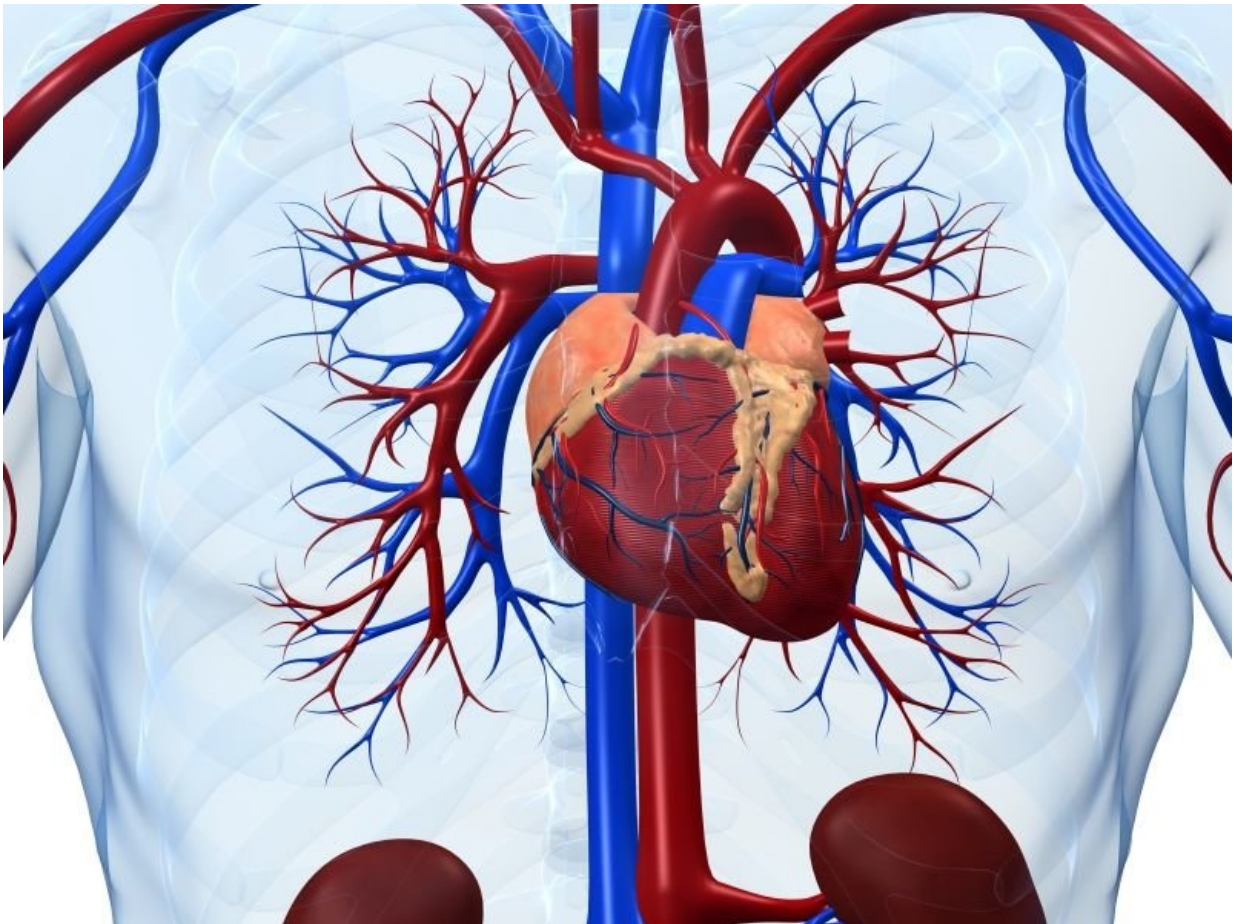


# Rates of IVC filter placement decreased from 2010 to 2014

November 7 2017

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(HealthDay)—The rates of inferior vena cava (IVC) filter placement

increased from 2005 until 2010 and then decreased through 2014, according to a research letter published online Nov. 6 in *JAMA Internal Medicine*.

Mohammed J. Saeed, M.B.Ch.B., M.P.H., from Washington University School of Medicine in St. Louis, and colleagues used discharge data for adults to examine trends in inpatient IVC filter placement from 2005 to 2014. Weighted rates of total IVC filter placement, filter placement by [venous thromboembolism](#) (VTE) diagnosis ([deep vein thrombosis](#) [DVT] or [pulmonary embolism](#) [PE]), and filter placement by contraindication to anticoagulation were plotted.

The researchers found that, per 100,000 hospitalizations, the IVC filter placement rate increased from 322.1 to 412 between 2005 and 2010, decreased to 374.1 in 2011, and continued decreasing to 321.8 in 2014. From 2005 to 2014, there was a decrease in the percentage of prophylactic IVC filter placement from 28.9 to 22.6 percent. There was a decrease in the rates of IVC filter placement with a contraindication to anticoagulation per 100,000 hospitalizations (from 188.2 in 2010 to 167.3 in 2014). Per 100,000 hospitalizations, the rate of DVT increased from 852.1 in 2005 to 935 in 2008 and decreased to 841.3 in 2014; for PE, there was an increase in the rate from 719 in 2005 to 1,138.6 in 2014.

"The absence of effectiveness data does not mean that no patients benefit from IVC filter [placement](#). Given this uncertainty, randomized clinical trials in these settings are needed," the authors write.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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