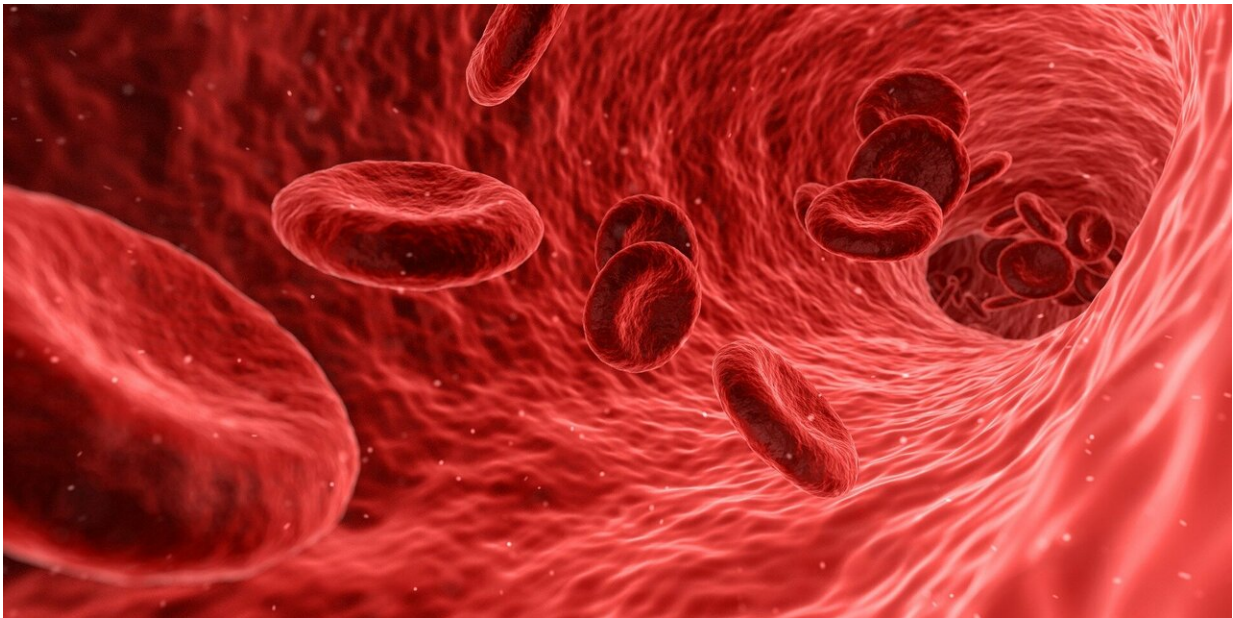


Researchers attempt to prove the importance of blood thinners after hospitalization

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A study conducted by University of Alabama at Birmingham researchers is attempting to create new guidelines for the use of blood thinners in the weeks following hospitalization. The study, published in the *Public Library of Science*, found that extending the duration of blood thinners in a patient's post-discharge period continued to prevent blood clots, including fatal ones.

Blood clots in leg veins and lungs are dreaded complications seen in patients hospitalized for medical [illness](#). Currently, physicians use prophylactic [blood](#) thinners in hospitalized patients with an acute medical illness until the time of discharge to prevent these clots. However, the increased risk of clotting still remains after discharge for up to six weeks.

Several large [clinical trials](#) have evaluated the benefits of extending the use of blood thinners after a patient's discharge, but none of these findings recommend using blood thinners beyond hospital discharge. However, UAB and Harvard researchers found that increasing the preventive use of blood thinners for four to six weeks after hospital discharge does reduce the risk of [blood clots](#), something that had never been definitively stated before.

To achieve their results, UAB and Harvard cardiologists, led by Navkaranbir S. Bajaj, M.D., MPH, studied five clinical trials with more than 40,000 patients by utilizing sophisticated analytic techniques. The trials included in the current meta-analysis were performed in patients admitted for medical illness instead of surgery.

"The results held true even after employing several different analytic techniques," explained Kartik Gupta, M.D., research fellow in UAB's Division of Cardiovascular Disease. "Although the overall risk of bleeding was increased, we estimated that nearly 350 patients have to be treated to cause one bleeding event."

While the use of blood thinners for up to six weeks post-discharge may increase the risk of bleeding in one of every 350 patients, it did not increase the risk of fatal bleeding. Further investigations will be conducted to define the full risks and benefits of this strategy, but the new findings remain encouraging to patients with acute medical illness and the future of their care.

"Patients who are hospitalized for medical illness and discharged remain at an increased risk because of immobilization and illness," Bajaj said.

"Though the risk of clotting is reduced with extending the use of [blood thinners](#), it puts these patients at an elevated risk of bleeding. Careful selection of patients by the physicians is needed to optimally select patients for whom benefits outweigh the risks. However, these findings could potentially prevent fatal blood [clot](#) events for you or your family after [discharge](#)."

More information: Navkaranbir S. Bajaj et al. Extended prophylaxis for venous thromboembolism after hospitalization for medical illness: A trial sequential and cumulative meta-analysis, *PLOS Medicine* (2019). [DOI: 10.1371/journal.pmed.1002797](https://doi.org/10.1371/journal.pmed.1002797)

Provided by University of Alabama at Birmingham

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