

# Prophylactic anticoagulation aids hospitalized COVID-19 patients

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(HealthDay)—Prophylactic-dose venous thromboembolism (VTE)

anticoagulation may be optimal therapy for patients hospitalized with COVID-19, according to a study published online June 11 in *JAMA Network Open*.

Valerie M. Vaughn, M.D., from the University of Utah in Salt Lake City, and colleagues assessed trends in VTE prophylaxis and treatment-dose [anticoagulation](#) in patients hospitalized for COVID-19, as well as the association of anticoagulation strategies with in-hospital and 60-day [mortality](#). The analysis included a pseudorandom sample of 1,351 patients hospitalized between March 7, 2020, and June 17, 2020, in 30 hospitals in Michigan.

The researchers found that 1.3 percent had a confirmed VTE, while 16.2 percent received treatment-dose anticoagulation. Across hospitals, 0 to 29 percent used treatment-dose anticoagulation without imaging, with increases over time (adjusted odds ratio [aOR], 1.46 per week; 95 percent confidence interval [CI], 1.31 to 1.61). Among the 1,127 patients who ever received anticoagulation, more than one-third (34.8 percent) missed two or more days of prophylaxis (range from 11 to 61 percent across hospitals), with a decrease in missed prophylaxis seen over time (aOR, 0.89 per week; 95 percent CI, 0.82 to 0.97). An association was seen between nonadherence to VTE prophylaxis and higher 60-day mortality (adjusted hazard ratio [aHR], 1.31; 95 percent CI, 1.03 to 1.67) but not in-hospital mortality (aHR, 0.97; 95 percent CI, 0.91 to 1.03). The investigators observed an association between receiving any dose of anticoagulation and lower in-hospital mortality (only prophylactic dose: aHR, 0.36 [95 percent CI, 0.26 to 0.52]; any treatment dose: aHR, 0.38 [95 percent CI, 0.25 to 0.58]), but only the prophylactic dose of anticoagulation remained associated with lower mortality at 60 days (prophylactic dose: aHR, 0.71 [95 percent CI, 0.51 to 0.90]; treatment dose: aHR, 0.92 [95 percent CI, 0.63 to 1.35]).

"Given that only prophylactic anticoagulation was associated with lower

60-day mortality, prophylactic-dose VTE prophylaxis may be the optimal therapy for [patients](#) hospitalized with COVID-19," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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