

Important signs of blood clots in the lungs missed in patients with dementia

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Patients with dementia who had signs and risk factors of a pulmonary embolism, or a blood clot in the lungs, were much less likely to be tested for pulmonary embolism than patients without dementia who had the

same signs and risk factors. For example, physicians at baseline were about 1 percentage point less likely to test patients with dementia for pulmonary embolism than patients without dementia, and physicians were an additional 2.6 percentage points less likely to test patients with dementia who had an elevated heart rate—a possible sign of a pulmonary embolism—than to test those without dementia who had an elevated heart rate.

The researchers sought to determine if the presence of dementia makes a difference in how physicians evaluate [patients](#) with shortness of breath for their risk of a potentially fatal [pulmonary embolism](#). Specifically, they examined if [clinical signs](#) and [risk factors](#) of pulmonary embolism, such as a prior history of [blood clots](#), recent cancer, recent surgery, and elevated heart rate, were evaluated differently for patients with dementia.

The researchers studied 593,000 emergency department visits to 104 Veterans Affairs hospitals between 2011 and 2018. The sample included 7100 physicians. Patients were age 60 and older and presented with shortness of breath.

The researchers note that the study was observational and there may have been other, non-observable factors that contributed to these results. The data also did not include care wishes of patients or their caregivers, and the results may be specific to VA patients and physicians and not applicable to non-VA populations.

Physicians may miss factors associated with pulmonary embolisms, or fail to use these factors in making medical decisions, in patients who have dementia. An understanding of how physicians evaluate and make decisions in these circumstances may lead to improved care for patients with dementia.

The study is published in the peer reviewed *Journal of the American Geriatrics Society*.

More information: Dan P. Ly et al, How physicians evaluate patients with dementia who present with shortness of breath, *Journal of the American Geriatrics Society* (2021). [DOI: 10.1111/jgs.17438](https://doi.org/10.1111/jgs.17438)

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