

Risk factors ID'd for postdischarge thrombosis in COVID-19 patients

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(HealthDay)—For patients hospitalized with COVID-19, risk factors for

postdischarge venous thromboembolism (VTE) include history of VTE, peak D-dimer level greater than 3 µg/mL, and predischage C-reactive protein level greater than 10 mg/dL, according to a study published online Nov. 22 in *JAMA Network Open*.

Pin Li, Ph.D., from Henry Ford Health System in Detroit, and colleagues quantified the rate of and examined risk factors for postdischarge arterial and [venous thromboembolism](#) in a cohort study of 2,832 [adult patients](#) hospitalized with COVID-19.

The researchers found that 36 patients (1.3 percent) had postdischarge venous thromboembolic events and there were 15 (0.5 percent) postdischarge arterial thromboembolic events. There was a decrease in the risk for VTE with time, with a median time to event of 16 days. No change was seen in the risk for arterial thromboembolism with time, with a median time to event of 37 days. The likelihood of experiencing VTE after discharge was increased for patients with a history of VTE, peak D-dimer level greater than 3 µg/mL, and predischage C-reactive protein level greater than 10 mg/dL (odds ratios, 3.24, 3.76, and 3.02, respectively). The incidence of VTE was reduced in association with prescriptions for therapeutic anticoagulation at discharge (odds ratio, 0.18).

"We propose that any [patients](#) with these [risk factors](#) be considered for postdischarge therapeutic anticoagulation if their bleeding risk is low," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

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