

Benefits of indefinite anticoagulant unclear after first VTE

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For patients with a first unprovoked venous thromboembolism (VTE),

indefinite anticoagulation prevents some recurrent VTE events but induces additional major bleeding events, according to a study published online June 27 in the *Annals of Internal Medicine*.

Faizan Khan, Ph.D., from the University of Calgary in Canada, and colleagues estimated the benefit-harm tradeoffs of indefinite [anticoagulation](#) in patients with a first unprovoked VTE who completed three to six months of initial anticoagulant treatment.

The researchers found that in a hypothetical cohort of 1,000 patients aged 55 years, indefinite anticoagulation prevented 368 recurrent VTE events, including 14 fatal pulmonary emboli in the base-case analysis, but induced 114 major bleeding events, including 30 intracranial hemorrhages and 11 deaths from bleeding. The cost of indefinite anticoagulation was \$16,014 (in Canadian dollars) more per person, and did not increase quality-adjusted life years. In the sensitivity analysis, during extended anticoagulation, the model results were most sensitive to the case-fatality rate of major bleeding and the annual risk for major bleeding.

"Continuing versus discontinuing anticoagulation indefinitely in all (that is, unselected) [patients](#) with a first unprovoked VTE has little chance of improving [life expectancy](#) but might provide a mortality benefit in certain subgroups," the authors write.

More information: Faizan Khan et al, Indefinite Anticoagulant Therapy for First Unprovoked Venous Thromboembolism, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M22-3559](https://doi.org/10.7326/M22-3559)

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