

Early anticoagulation may not up survival in severe COVID-19

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anticoagulation. During a median follow-up of 27 days, patients who received early therapeutic anticoagulation had a similar risk for death as those who did not (hazard ratio, 1.12; 95 percent confidence interval, 0.92 to 1.35).

"Our findings do not support early empirical use of therapeutic anticoagulation in critically ill patients with COVID-19," the authors write. "These findings highlight the need for well-designed, adequately powered randomized clinical trials of therapeutic [anticoagulation](#) in critically ill patients with COVID-19."

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

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(HealthDay)—Early therapeutic anticoagulation does not appear to affect survival among critically ill adults with COVID-19, according to a study published online Jan. 26 in the *Annals of Internal Medicine*.

Hanny Al-Samkari, M.D., from Massachusetts General Hospital and Harvard Medical School in Boston, and colleagues evaluated the incidence of venous thromboembolism (VTE) and major bleeding in 3,239 critically ill adults with COVID-19 (67 hospitals; [median age](#), 61 years; 64.5 percent men) and examined the effect of early therapeutic anticoagulation (within the first two days of intensive care unit [ICU] admission) on survival.

The researchers found that 204 [patients](#) (6.3 percent) developed VTE and 90 patients (2.8 percent) developed a major bleeding event. Male sex and higher D-dimer level on ICU admission were independent predictors of VTE. The analysis included 2,809 patients in the target trial emulation, with 11.9 percent receiving early therapeutic

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