

Most Heart Failure Patients Don't Get VTE Prophylaxis

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CHICAGO — Deep vein thrombosis prophylaxis for hospitalized patients with heart failure is recommended in evidence-based guidelines but is often omitted in practice.

"High medical acuity, an increased prevalence of venous thromboembolism [VTE] risk factors, and a low rate of VTE prophylaxis present a triple threat to heart failure patients," Dr. Gregory Piazza said at the annual meeting of the American College of Cardiology.

He studied 5,451 consecutive patients with ultrasound-confirmed deep vein thrombosis (DVT) in a prospective registry that included 685 patients with a history of heart failure. The heart failure patients were significantly more likely to have VTE risk factors, including acute infection, chronic obstructive pulmonary disease,



The catch-22 is, the conditions that increase heart failure patients' VTE risk also increase their bleeding risk.

DR. PIAZZA

and immobilization, and they had more comorbid medical conditions (see table). Moreover, 48% of the heart failure patients had been hospitalized recently. Yet only 46% of them had received any VTE prophylaxis, despite the published recommendations of the American College of Chest Physicians and other groups.

"I think heart failure patients find themselves in a catch-22, where all of the comorbid conditions that give them such high medical acuity and put them at such high risk for VTE also put them at high risk for bleeding. So there's a tendency to shy away from pharmacologic prophylaxis with anticoagulants in these patients," said Dr. Piazza, a cardiovascular medicine fellow at Beth Israel Deaconess Medical Center, Boston. "Also, I think that because heart failure patients have so many comorbid conditions, VTE prophylaxis might fall lower on the priority list of things physicians have to take care of when they're managing these patients."

Bringing about improvement in the situation will entail making clinicians more aware of the ACCP guidelines recommending VTE prophylaxis. In addition, cardiologists who consult on heart failure patients need to identify VTE prophylaxis on their list of recommendations.

In an interview, Dr. Piazza said future studies will establish whether it's safe and effective for hospitalized heart failure patients to continue on VTE prophylaxis after being discharged home, as is now routine for 4-6 weeks in orthopedic surgery patients.

This issue of VTE prophylaxis in heart failure patients is not going to go away, the physician stressed. "Some studies show VTE risk increases as left ventricular ejection fraction declines, perhaps suggesting

that our very advanced heart failure patients are at even higher risk. And as our treatments for coronary disease and heart failure continue to improve, we're going to have many more patients hanging out in the lower ejection fraction ranges," Dr. Piazza noted.

This study was sponsored by Sanofi Aventis. Dr. Piazza disclosed he has no financial ties with the company. ■

Prevalence of Key Factors in Patients With Venous Thromboembolism

	With heart failure (n = 685)	Without heart failure (n = 4,766)
Hypertension	72.0%	56.9%
Immobilization within 30 days	52.6%	42.4%
Diabetes	35.9%	22.1%
Acute infection	33.3%	27.0%
Stroke or other neurologic disease	32.7%	26.0%
Pneumonia or other acute lung disease	30.8%	14.8%
COPD	28.8%	12.1%
Acute coronary syndrome	11.1%	3.5%
Chronic kidney disease	8.2%	5.5%
Chronic venous disease	7.5%	3.8%

Note: All differences are statistically significant.

Source: Dr. Piazza

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