Abstract #29280

Deep Vein Thrombosis and Pulmonary Embolism: Awareness and Prophylaxis Practices Reported by Recently Hospitalized Patients

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Abstract Text:

Background:

Hospitalization is a major risk factor for DVT/PE, with a ten-fold increased risk for venous thromboembolism (VTE) among hospitalized patients with acute medical illness, and about 1 in 10 hospital deaths are related to PE.

Objectives: The objectives of this study were to measure DVT/PE awareness among patients hospitalized for >3 days, and to identify barriers and gaps in evidence-based prophylaxis practices as reported by these patients.

Methods: A survey was conducted among 500 adults, screened from an online panel, who had been admitted to a hospital for >3 days within 12 months.

Results: 500 are patients surveyed, mean age was 52.5 (range 20-80+) and 64% female. Hospital stays totaled 3-4 days 51%, 5-10 days 37%, >10 days 12%, with admissions for: surgery 43%, major illness 32%, accident/trauma 11%, childbirth 6%, other 21%. Substantial gaps of awareness in terms related to blood clots, such as "DVT", "PE" and "VTE" are widely reported among all respondents (only 28% had heard of DVT and 15% PE, respectively), even when there was a personal or family history of DVT/PE. There was also a substantial lack of awareness of risk factors and signs and symptom of DVT/PE. However, among all respondents, 83% said that they know what a "blood clot" is, and 99% recognize that blood clots can be life threatening. About half (46%) of respondents reported that their doctor or healthcare professional did not discuss the risk of DVT or blood clots related to hospitalization. Less than one-third of all respondents reported by respondents included: 63% ambulation, 39% compression stockings, 37% mechanical compression, 37% aspirin, 29% anticoagulant injection, 28% anticoagulant pill.

Conclusion and implications for public health practice: Despite significantly increased risk of DVT/PE and high reported personal and family history of DVT/PE, awareness of specific terms DVT/PE, and familiarity with DVT/PE risk factors, is low, but awareness of term "blood clot" is high. Public awareness and hospital interventions are needed to improve patient awareness, to optimize DVT prophylaxis and to reduce hospital-related morbidity/mortality.

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