



## **NBCA DVT/PE AWARENESS SURVEY FACT SHEET**

### **DVT/PE Incidence and Impact**

- Deep Vein Thrombosis and Pulmonary Embolism (DVT/PE) are often underdiagnosed and serious, but preventable medical conditions.
- It is estimated that up to 600,000 people in the United States are affected by DVT/PE each year, and that up to 100,000 Americans die each year due to DVT/PE.
- 10% to 30% of people affected by DVT/PE will die within one month of diagnosis. In about 25% of people who experience a PE, the first "symptom" is sudden death.
- Among people who have had a DVT, one-third will have long-term complications (post-thrombotic syndrome) such as swelling, pain, discoloration, and scaling in the affected limb.
- One-third (about 33%) of people with DVT/PE will have a recurrence within 10 years.
- Recently, HHS Secretary Sibelius announced the "Partnership for Patients: Better Care, Lower Costs" initiative that will ask hospitals to focus on correcting the most common medical errors, one of which is DVT/PE, that have been shown to be significantly reduced by other successful models of patient safety.

### **DVT/PE in the Hospital Setting**

- Hospitalization is considered one of the primary risk factors for deep vein thrombosis and pulmonary embolism. Patients who are hospitalized for acute medical illness have a 10-fold increased risk for venous thromboembolism.
- Most hospitalized patients have at least one risk factor present, including immobility, cancer, infection, and/or surgery.
- Without prophylaxis, thrombosis occurs in up to 40% of medical and general surgery patients and up to 60% of patients who have major orthopedic surgery.
- Roughly one out of 10 hospital deaths are related to PE.

### **NBCA DVT/PE Awareness Survey**

- The NBCA DVT/PE Awareness Survey was conducted to measure gaps in awareness among the general public and several at-risk patient groups, including hospitalized patients and oncology patients. The Survey also was conducted to measure gaps in prophylaxis and adherence among the at-risk patient respondents.

- Online research panels were used to survey:
  - A representative cross section of the general public sample: included 500 adults,  $\geq 20$  years, mean age 46.06, 51% female
  - At-risk hospitalized patients: included 500 adults,  $>20$  years, mean age 52.51, 64% female, admitted to a hospital for  $\geq 3$  days within 12 months of sampling
  - At-risk oncology patients: included 500 adults,  $>20$  years, mean age 57.84, 64% female, diagnosed within 12 months of sampling; 67% of all cancer respondents were either diagnosed with cancer or cancer recurrence, or were on active cancer treatment, within 6 months of sampling. (Note: Not all cancer patients are at risk for DVT/PE. Those who are hospitalized have surgery, or who undergo certain types of cancer treatment, such as chemotherapy and radiation, are at increased risk for DVT/PE.)
  
- The Survey instrument consisted of 62 questions along four different paths:
  - Awareness of DVT/PE
  - Information received from healthcare professionals about DVT/PE
  - Prophylaxis experiences related to DVT/PE
  - Adherence to anticoagulation

### **Key Survey Findings Among Hospitalized Patients: Awareness**

- Among all hospitalized patients surveyed, 72% and 85% had not heard of a condition called DVT or PE (respectively) when these specific terms were used, even though 15% reported a personal history of a blood clot in the leg or lung, and 43% said they had a family member who previously had a blood clot in the leg or lung.
- Nearly half (46%) of all patients report that their doctor did not provide information about blood clot risks related to hospitalization.
- Another important finding is connected to health literacy. While patients have a very low awareness of DVT and PE, the survey showed that most patients (83%) do know what a “blood clot” is, and virtually all respondents (99%) recognize that blood clots can be life threatening.

### **Comparative Findings Among the General Public and At-Risk Hospitalized and Oncology Patients**

- At-risk hospitalized and oncology patients are not significantly more aware of DVT/PE than the general public: On average, one-quarter in each group are aware of DVT when that term is used and 15% in each group are aware of PE when that term is used.
- Among cancer patients who could name DVT risk factors (n=155), just 1% mentioned “some cancer treatment,” and of the hospitalized patients who could name DVT risk factors (n=172), just 9% mention “surgery.”

- Among hospitalized (n=172) and oncology (n=155) patients able to name DVT risk factors, 63% in each group say they can name DVT signs/symptoms, significantly fewer than 79% of the 109 respondents in the general public sample who could name DVT risk factors.
- Among respondents in the general public sample (n=268) and hospitalized (n=282) and oncology patient (n=290) groups who said they know what PE stands for or what a PE is, approximately 1 in 3 from each group claim they can name PE signs/symptoms.

### **Key Survey Findings Among Hospitalized Patients: Information**

- About half (46%) of all hospitalized patients surveyed said they were *not* informed about the potential risk of developing blood clots as a result of their hospitalization
- 57% said that their doctor did *not* discuss what can happen if a blood clot forms and half said they were not told about blood clot prevention
- When asked how they acquire medical information, the top responses were: from their doctor (83%), from the Internet (71%), from nurses (37%) and from family members (30%) and health advocacy organizations (26%).
- When asked about blood clot risk educational materials, most in the small group of patients who received them said they were given a brochure or pamphlet. When asked to rate such materials, the majority of these same respondents cited CDs, DVDs, and Web sites as “very useful.”

### **Key Survey Findings Among Hospitalized Patients: Prophylaxis**

- Patient-reported experiences with prophylaxis varied and were suboptimal: 63% ambulation, 39% compression stockings, 37% mechanical compression, 37% aspirin, 29% anticoagulant injection, and 28% anticoagulant pill.

### **Key Survey Findings Among Hospitalized Patients: Adherence**

- Nearly one-quarter of the 142 warfarin users in the hospitalized patient sample said that warfarin is very or moderately difficult to use. The top three barriers cited: the need for regular blood testing (64%), bruising (50%), and dosing changes (47%).
- One third of the 145 low molecular weight heparin users in the hospitalized patient sample said that this therapy is very or moderately difficult to use. The main barriers they cited were injection related.
- Despite therapeutic barriers, 62% of hospitalized patients prescribed warfarin and 83% prescribed low molecular weight heparin said they did take the therapy for the full length of time prescribed. The very small number of patients who stopped therapy did so at the direction of their doctor.
- When asked what factors they thought might contribute to a more optimal type of treatment to prevent blood clots, four out of ten patients said: a pill instead of injections, a blood thinning medication with minimal bleeding complications, a blood thinning medication with fewer potential drug interactions.

**Risk Factors for DVT/PE Include:**

*High Risk*

- Hospital Stay
- Major surgery, such as abdominal/pelvic surgery
- Knee or hip replacement
- Major trauma: auto accident or fall
- Nursing home living
- Leg paralysis

*Moderate Risk*

- Older than age 65
- Trips of more than 4 hours by plane, car, train or bus
- Active cancer, chemotherapy
- Bone fracture or cast
- Birth control pills, patch, or ring
- Hormone replacement therapy
- Pregnancy or recently gave birth
- Prior blood clot or family history of a clot
- Heart failure
- Bed rest for more than 3 days
- Obesity
- Genetic/hereditary or acquired blood clotting disorder

**Signs and Symptoms of DVT/PE Include:**

*DVT*

- Swelling, usually in one leg
- Leg pain or tenderness
- Reddish or bluish skin discoloration
- Leg warm to touch

*PE Signs and Symptoms*

- Sudden shortness of breath
- Chest pain-sharp, stabbing; may get worse with deep breath
- Rapid heart rate
- Unexplained cough, sometimes with bloody mucus

If you experience any of the above DVT/PE signs or symptoms, seek medical help as soon as possible.

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For additional information, please visit [www.stoptheclot.org](http://www.stoptheclot.org).

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