National Survey About Deep Vein Thrombosis and Pulmonary Embolism
Awareness, Information, Prevention, Adherence

Key Survey Findings for Healthcare Professionals in Hospital Medicine

Made Possible By a Grant From Ortho McNeil™, a Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.
National Blood Clot Alliance

Volunteer based, patient led
Science driven

Dedicated to the prevention & quality treatment of blood clots and clotting disorders

Patient Governing Board
Medical & Scientific Advisory Board

www.stoptheclot.org
National Blood Clot Alliance

Awareness

Stop the Clot®

Advocacy
A Call To Action

- Spotlights public health urgency of DVT/PE
- Sets forth recommendations for diagnosis, prevention, treatment
- Suggests criteria for research, education, policy

www.stoptheclot.org
Public Health Perspectives: Morbidity, Mortality

Surgeon General’s Call to Action
- 350,000-600,000 Americans have blood clots every year
- 100,000 deaths

Mayo Clinic Data Heit et al.
- 900,000 Americans have blood clots every year
- 300,000 deaths
Increased risk among acutely ill hospitalized patients

At least one risk factor present

Immobility, cancer, infection, and/or surgery

Absent prophylaxis

DVT occurs 10% - 40%

Surgical, medical 40% - 60%

Orthopedic

1 in 10 hospital deaths are related to PE
Overview: The NBCA DVT/PE Awareness Survey

- Responds to Surgeon General's Call to Action
- Benchmarks awareness, prophylaxis experiences
- Comprehensive, one of the largest of its kind
Methodology

**Development**
- Questions (62) developed by Survey Steering Committee
- MASAB members, experts from at-risk clinical groups

**Implementation**
- National survey firm
- Late Q409 Internet panels
- 2010 extensive evaluations
- 2011 data unveiled
Methodology

Information
- General Public: 500

Prophylaxis
- THA/TKA: 250
- Oncology: 500
- Hospitalized: 500

Adherence
- AFIB: 500

Comparative
- Orthopedists: 200

- Mean age: 52.5 (20 - 80+)
  - 64% female
Survey Participants: Hospitalized Patients

Admissions:
- Surgery: 43%
- Major illness: 32%
- Accident/trauma: 11%
- Childbirth: 6%
- Other: 21%

Length of Hospital Stay:
- 3-4 days: 51%
- 5-10 days: 37%
- >10 days: 12%

Multiple responses allowed

Net hospital days reported:
n=500 patients hospitalized ≥3 days
Findings: DVT/PE Awareness Versus DVT/PE Risk

- Awareness of DVT: 28%
- Awareness of PE: 15%
- Family Hx blood clots: 43%
- Personal Hx blood clots: 15%
- Neither MD nor other HCP discussed risk: 46%

n=500 patients hospitalized ≥3 days
Health Literacy: “DVT” Versus “Blood Clot”

Know what blood clot is: 83%

Blood clots can be life threatening: 99%

n=500 patients hospitalized ≥3 days
Patient Reported Experiences With Prophylaxis

- Anticoagulant pill: 28%
- Anticoagulant injection: 29%
- Aspirin: 37%
- Compression stockings: 37%
- Mechanical compression: 39%
- Ambulation: 63%

n=500 patients hospitalized ≥3 days
Comparative Findings: DVT/PE Awareness

<table>
<thead>
<tr>
<th>Condition</th>
<th>Hospitalized Patients (n=xxx)</th>
<th>Cancer Patients (n=xxx)</th>
<th>General Public (n=xxx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting for a long time</td>
<td>45%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Surgery</td>
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</tbody>
</table>
Comparative Findings: Risk Factor Awareness

- Extended sitting: 45% (Hospitalized patients), 28% (Cancer patients), 20% (General public)
- Overweight: 8% (Hospitalized patients), 8% (Cancer patients), 5% (General public)
- Lifestyle (unspecified): 5% (Hospitalized patients), 5% (Cancer patients), 17% (General public)
- Some cancer Tx: 1% (Hospitalized patients), 1% (Cancer patients), 5% (General public)
- Surgery: 9% (Hospitalized patients), 8% (Cancer patients), 8% (General public)
- Travel (air/car/etc): 11% (Hospitalized patients), 9% (Cancer patients), 15% (General public)
Comparative Findings: Signs and Symptoms Awareness

- Hospitalized patients (n=282 know what "PE" is or stands for)
- Cancer Patients (n=290 know what "PE" is or stands for)
- General Public (n=268 know what "PE" is or stands for)

Claim knowledge of DVT Signs/Symptoms: 63% (Hospitalized), 63% (Cancer), 79% (General Public)

Claim knowledge of PE Signs/Symptoms: 37% (Hospitalized), 30% (Cancer), 34% (General Public)
Additional Findings: Adherence Among Hospitalized Patients

- Of 142 warfarin users, 24% say Tx is very/moderately difficult to use
  65% blood testing, 50% bruising, 47% dosing changes

- Of 145 LMWH users, 33% say Tx is very/moderately difficult to use
  65% injection site pain, 50% bruising, 46% need for self injection

- 62% of warfarin users and 83% of LMWH users report adherence
  Non-Adherence: Warfarin n=32, LMWH n=22  >50% MD advised

Non-Adherence: Warfarin n=32, LMWH n=22  >50% MD advised
Additional Findings: Information and Education

- 46% said they were not informed or educated by MD or other HCP about potential DVT due to hospitalization.
- 57% said neither physician nor other HCP discussed what can happen if a blood clot forms.
- 50% said neither doctor nor HCP discussed ways that blood clots can be prevented.

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Additional Findings: Hospitalized Patient Preferences

**Therapeutic Options Cited by Patients to Optimize Treatment**
- 40% fewer Rx interactions
- 37% a pill instead of injections, 37% minimal bleeding complications

**Information Sources Preferred by Patients**
- 83% doctor, 71% Internet
- 37% nurses, 30% family members, 26% advocacy organizations

**Educational Tools Preferred by Patients**
- Just 18% received materials, brochures most common
- More than 80% prefer CD/DVD and Web site referral
Conclusions and Future Directions

**Awareness**
- Risk ≠ awareness
- “Blood clot” resonates

**Information**
- Significant gaps exist
- Patients are not informed

**Prophylaxis**
- Prophylaxis guidelines exist
- Prophylaxis remains suboptimal

**Adherence**
- Numerous treatment barriers exist
- 1 in 3 treated patients affected

- Improve patient awareness of DVT/PE, simplify terms
- Fill gaps to ensure patient understanding of risks, Tx options
- Optimize evidence-based prophylaxis
- Research new therapies to address treatment barriers
Imperatives Moving Forward

- Improved DVT/PE understanding and prophylaxis
- Reduced risks and reduced complications
- Decreased morbidity, mortality, costs
Thank You for Your Commitment

The National Blood Clot Alliance thanks you for your commitment to DVT/PE education and prevention, and for your ongoing efforts to help us Stop the Clot®.
The National Blood Clot Alliance extends its appreciation to members of the NBCA DVT/PE Awareness Survey Steering Committee

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For More Information, Contact the National Blood Clot Alliance

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