

Deep vein thrombosis (DVT) and pulmonary embolism (PE): Awareness and prophylaxis practices reported by recently hospitalized patients

Gregory A. Maynard, MD, MSc, SFHM, UC San Diego, San Diego, CA; Elizabeth A. Varga, MS, CGC, Nationwide Children's Hospital, Columbus, OH; Richard J. Friedman, MD, FRCSC, Medical University of South Carolina, Charleston, SC; Alan P. Brownstein, MPH, National Blood Clot Alliance, Tarrytown, NY; Jack E. Ansell, MD, Lenox Hill Hospital, New York, NY

Background

- DVT and PE impose a major public health burden in the United States (U.S.), affecting an estimated 350,000 to 600,000 individuals and accounting for ~100,000 deaths each year.¹
- Hospitalization is a major risk factor for DVT/PE, with a 10-fold increased risk for venous thromboembolism among hospitalized patients with acute medical illness.¹

Objectives

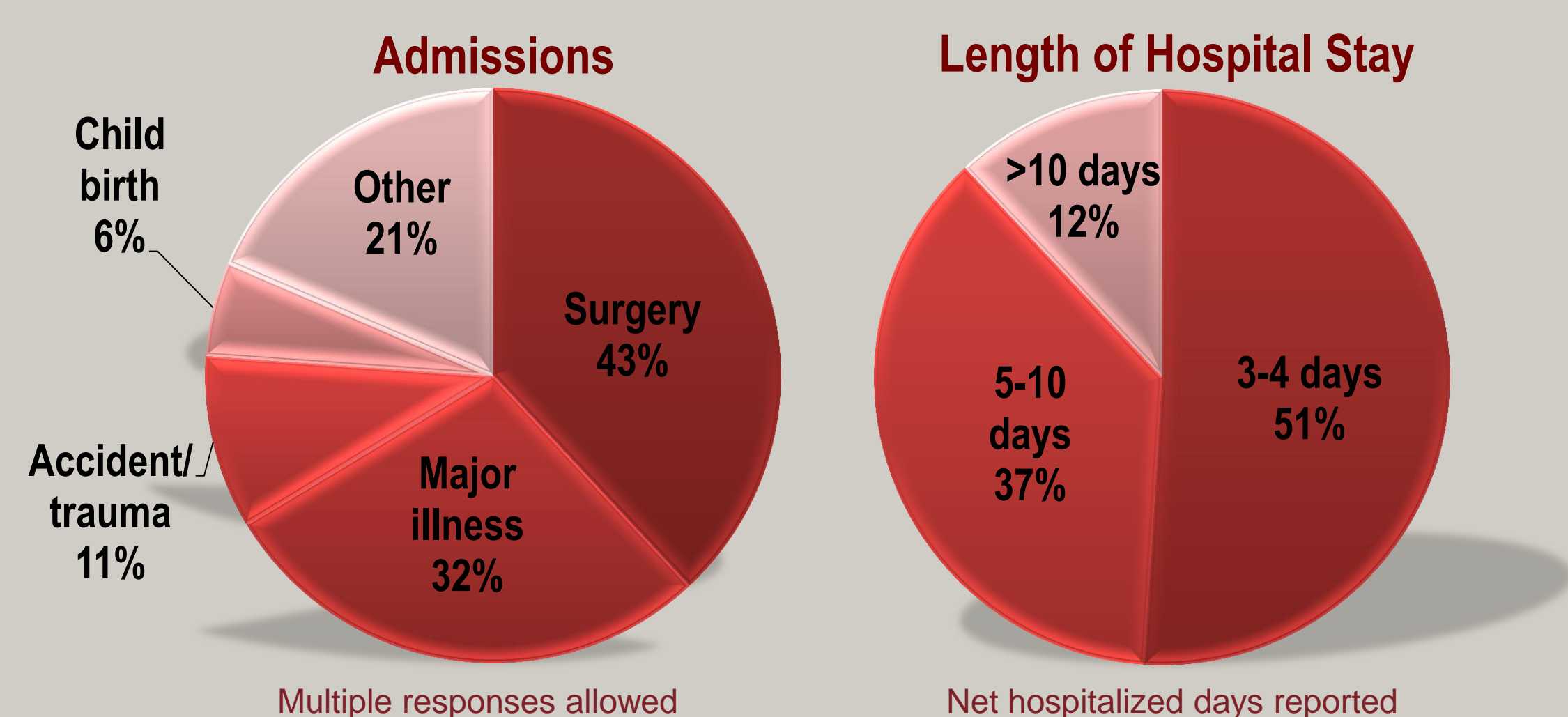
- The National Blood Clot Alliance (NBCA), a patient-led advocacy organization dedicated to promoting patient and public awareness about the signs and symptoms of DVT and PE, implemented this survey to:
 - Measure DVT/PE awareness among patients hospitalized for ≥3 days
 - Identify gaps in evidence-based DVT/PE prophylaxis as reported by these patients

Participants

- A survey was conducted by USA/Direct, Inc., among 500 adults in the U.S., screened from an online or Internet research panel, who had been admitted to a hospital for ≥3 days within 12 months of sampling.

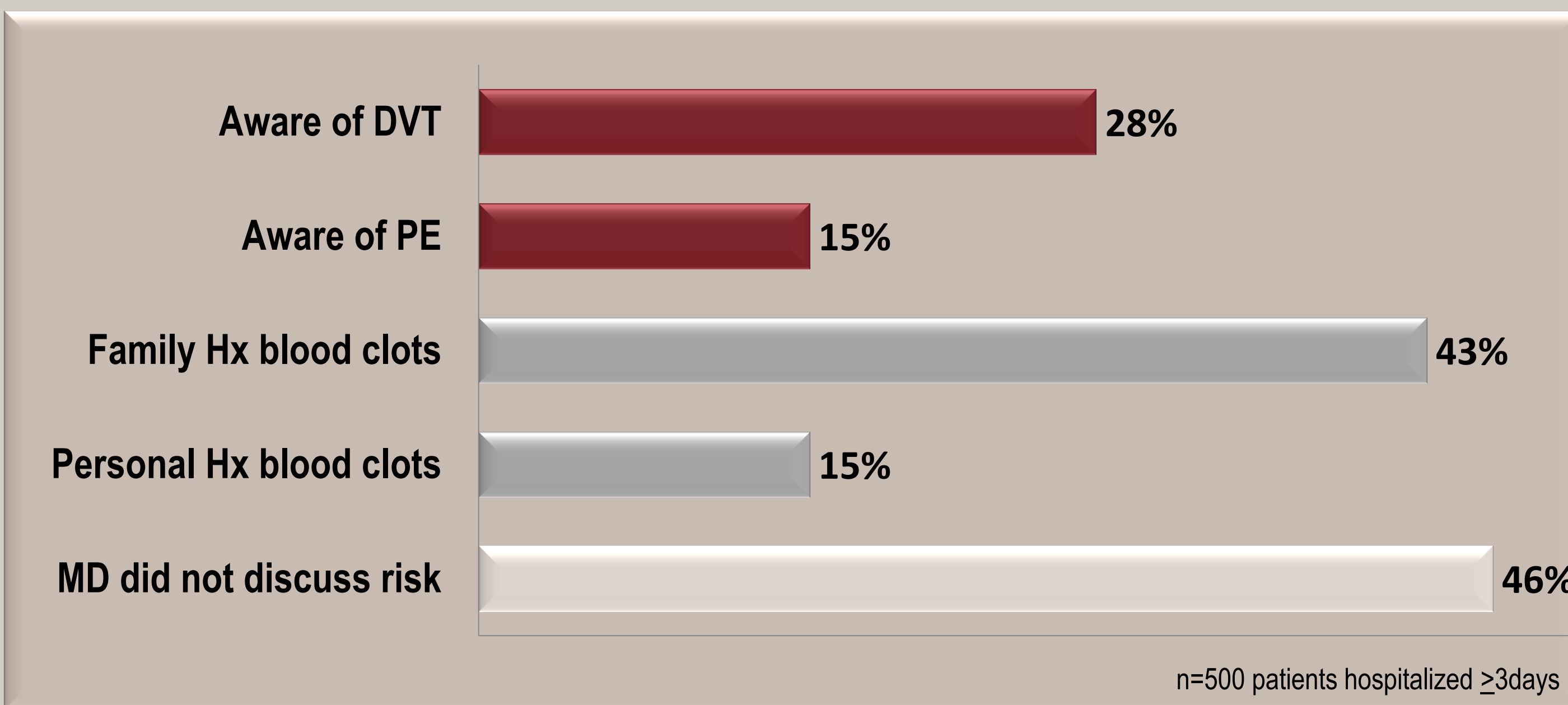
Methods

- 500 patients surveyed, mean age 52.5 years (range 20-80+), 64% female



Results

DVT/PE Awareness Versus DVT/PE Risk

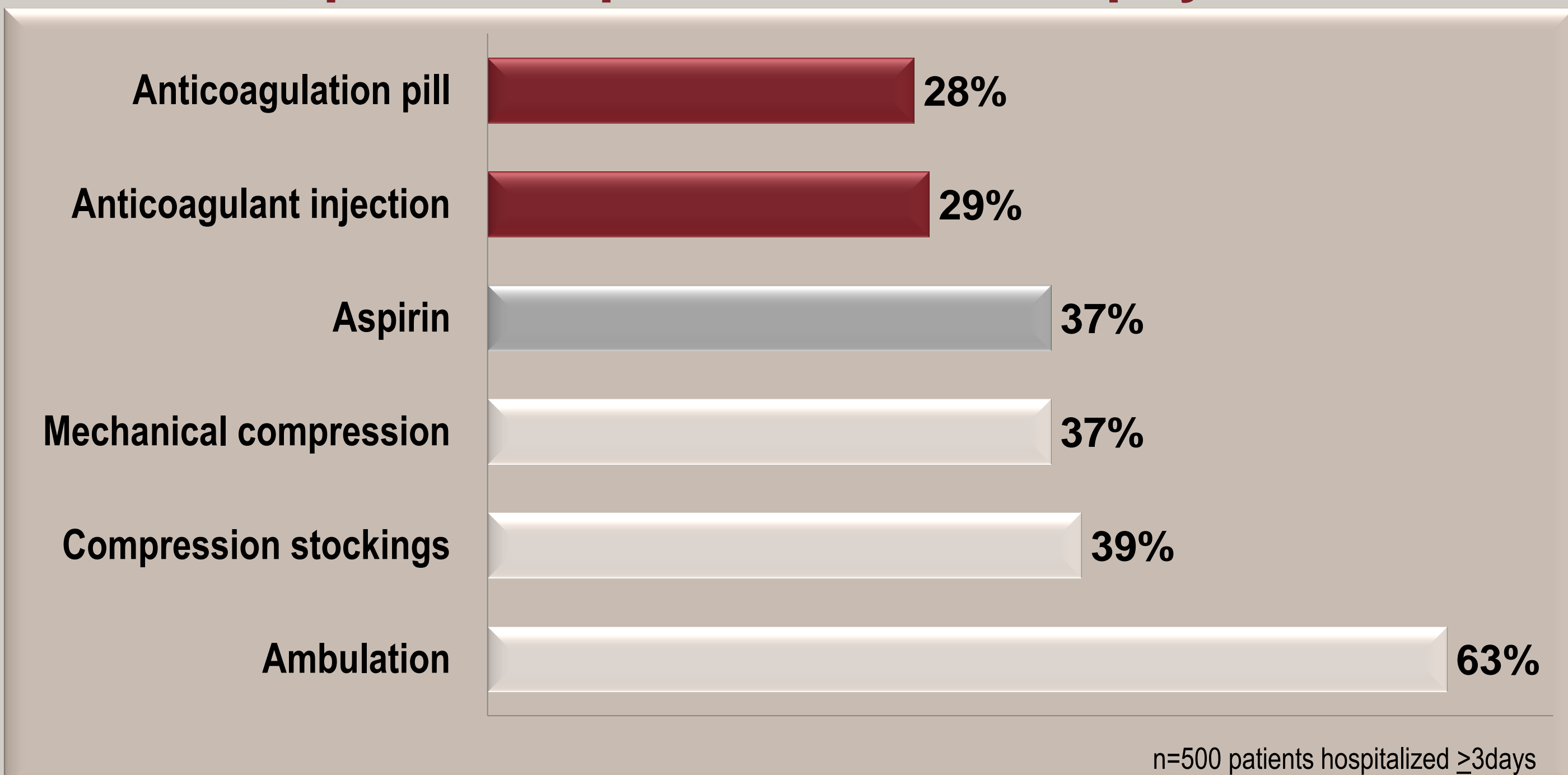


Less than one-third of hospitalized patients surveyed are familiar with the term "DVT," and just 15% are familiar with the term "PE"

More than 40% of all respondents report a family history of blood clots; 15% report a personal history of blood clots

Almost half of all patients report that doctors did not provide information about blood clot risks related to hospitalization

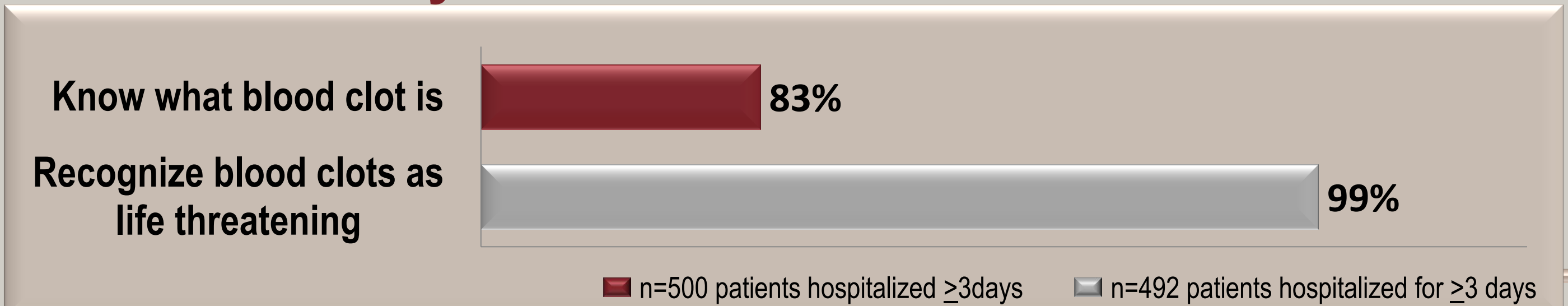
Patient Reported Experience With Prophylaxis



Less than one-third of all respondents report DVT prophylaxis with either an anticoagulant pill or with an anticoagulant injection

Despite evidence-based guidelines, DVT/PE prophylaxis practices reported by patients vary widely and are suboptimal

Health Literacy: "DVT" Versus "Blood Clot"



Most patients surveyed do know what a "blood clot" is, and virtually all respondents recognize that blood clots are life threatening

Conclusion

- Despite a significantly increased risk of DVT/PE, and a high reported personal and family history of blood clots, awareness of the specific terms "DVT" and "PE" is low, but awareness of the term "blood clot" is high.
- DVT prophylaxis reported by these hospitalized patients is suboptimal, with less than one-third reporting that they received either an anticoagulant pill or an anticoagulant injection.

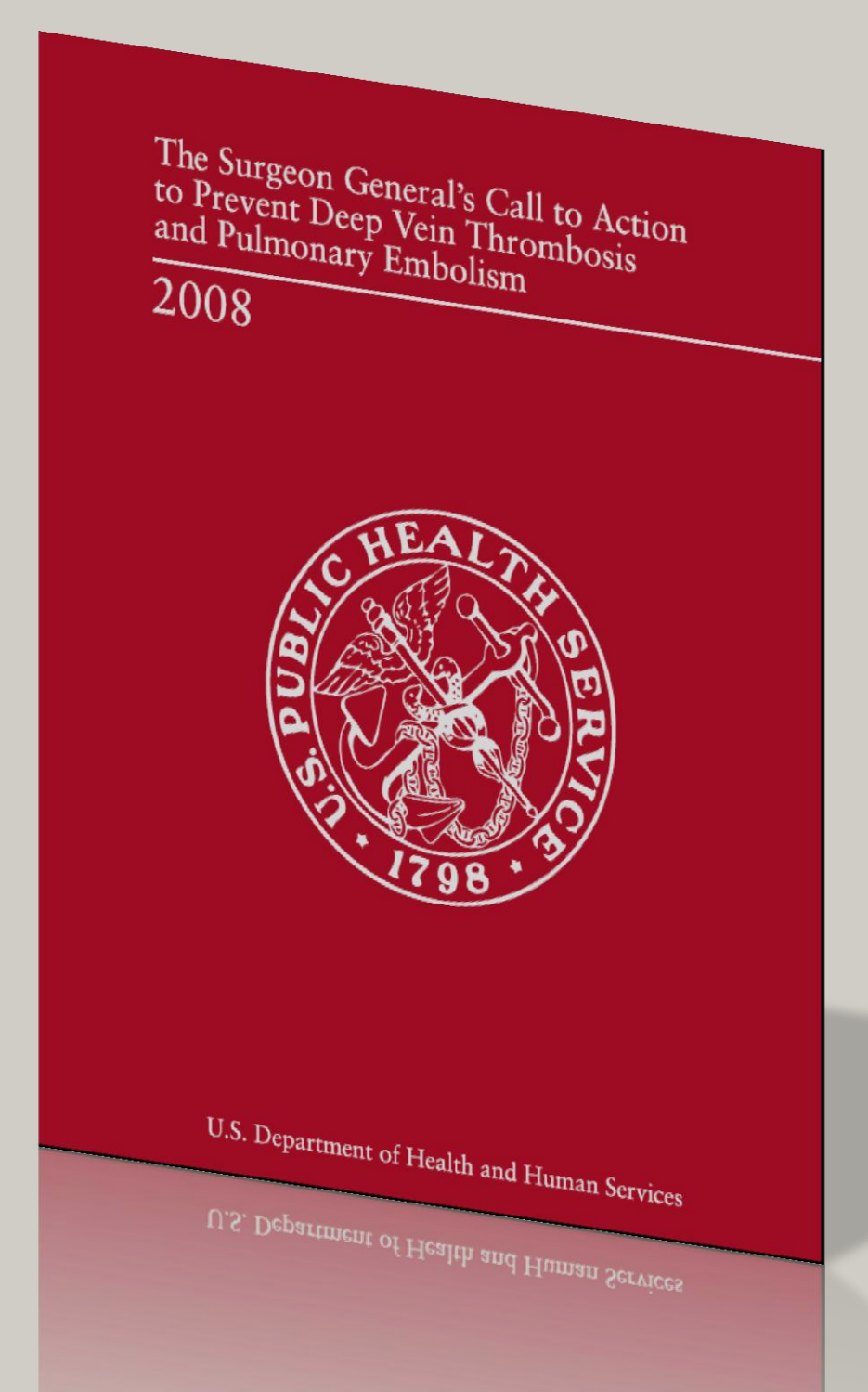
Future Directions

- Interventions in the hospital setting are needed to:
 - Improve patient understanding and awareness of DVT/PE
 - Optimize evidence-based DVT prophylaxis
 - Contribute to the reduced incidence of morbidity and mortality associated with DVT/PE among hospitalized patients
- Terms need to be simplified (e.g., DVT → blood clot)

References

1. www.surgeongeneral.gov/topics/deepvein/calltoaction/call-to-action-on-dvt-2008.pdf

The Surgeon General's Call To Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism, 2008



The NBCA DVT/PE Survey Was Made Possible by a Grant From Ortho-McNeil™, a Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.