

# 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; Lisa Fullam, Scottsdale, AZ; 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.<sup>1</sup>
- 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.<sup>1</sup>

## Objectives

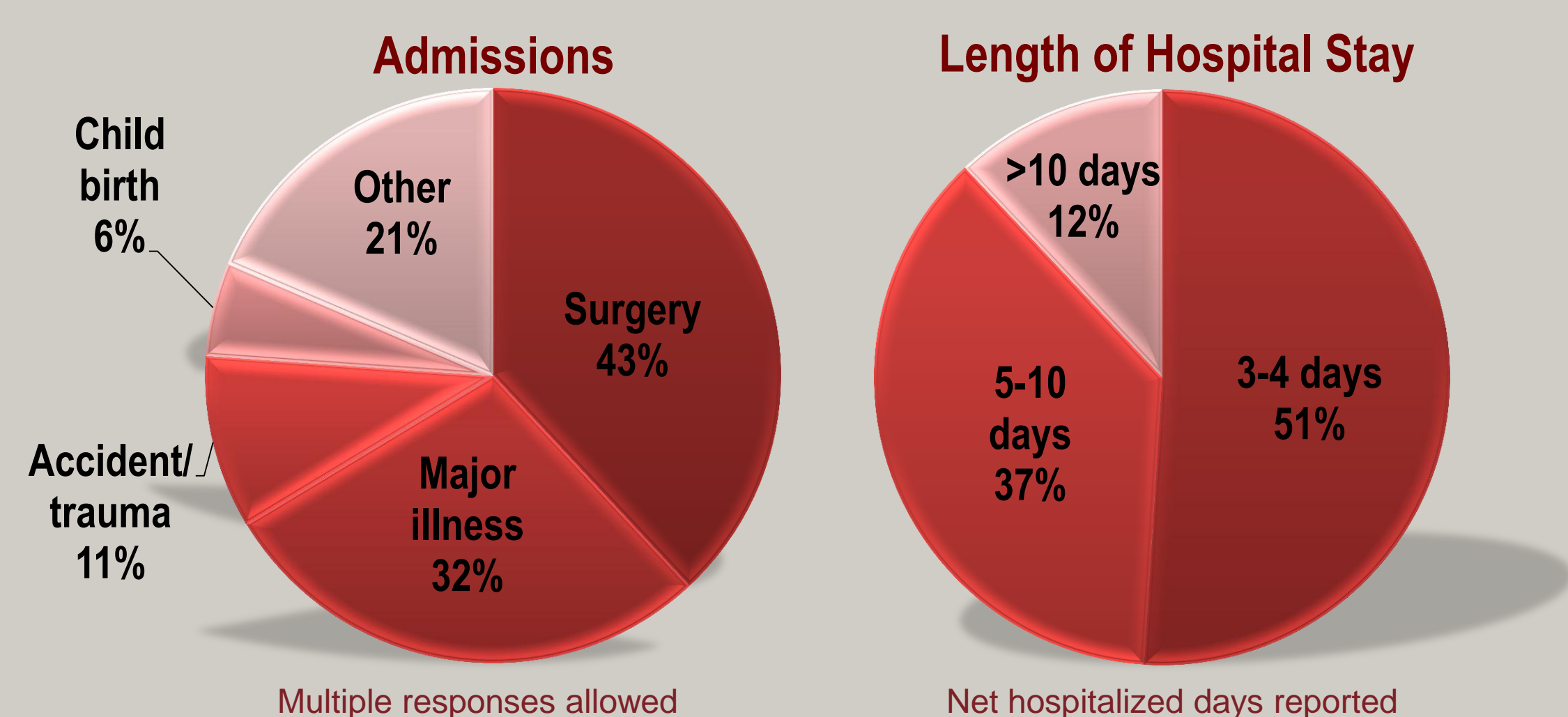
- The National Blood Clot Alliance (NBCA), a patient-led advocacy organization dedicated to promoting patient and public awareness about the signs and symptoms of DVT and PE, implemented this survey to:
  - Measure DVT/PE awareness among patients hospitalized for ≥3 days
  - Identify gaps in evidence-based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

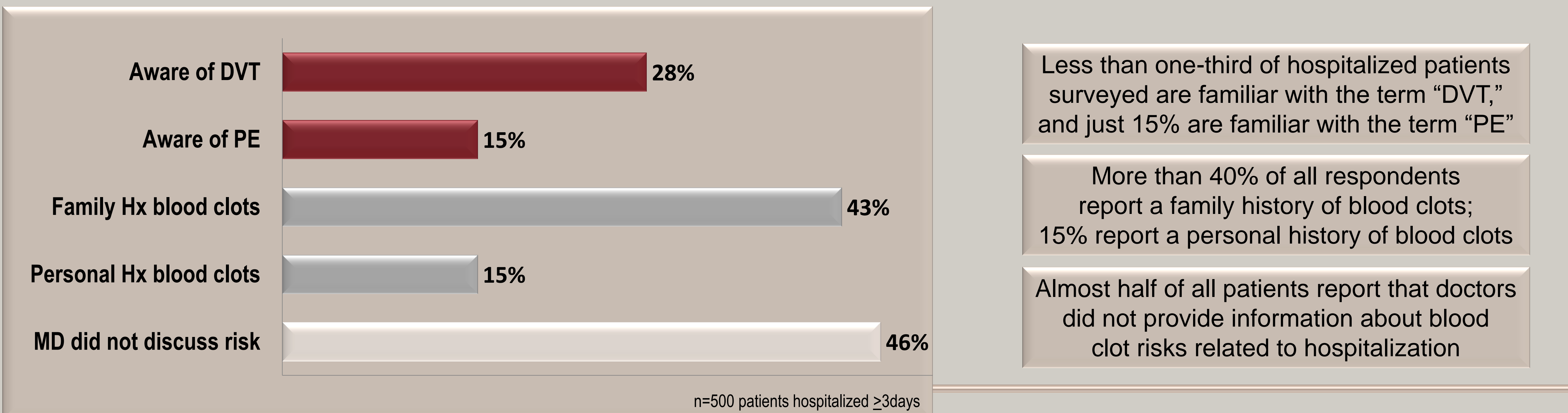
## Methods

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

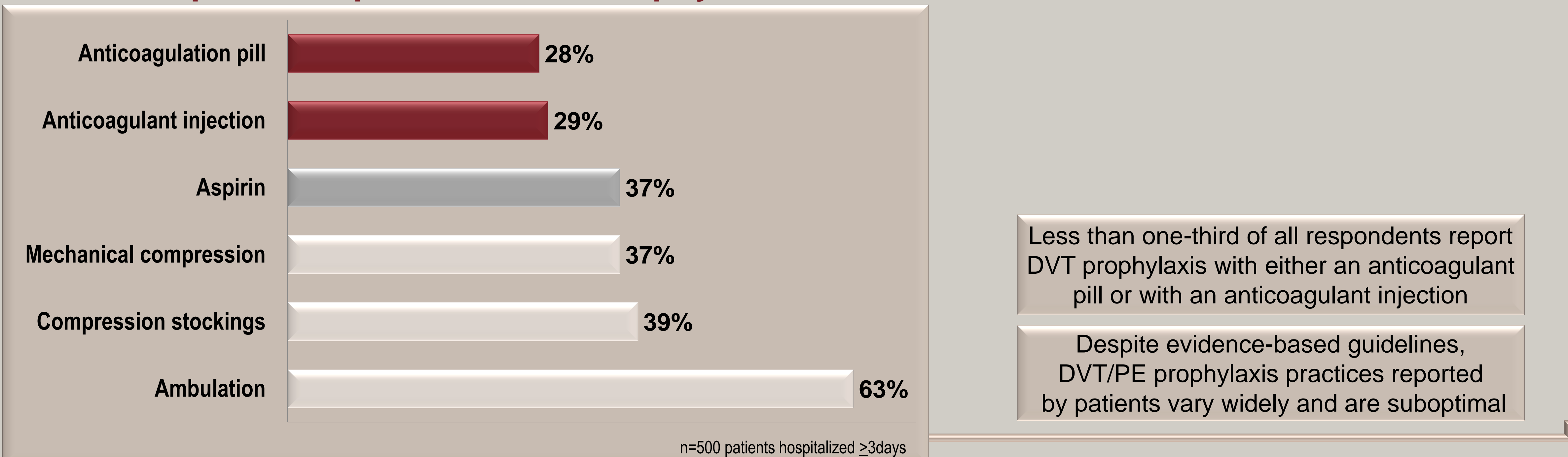


## Results

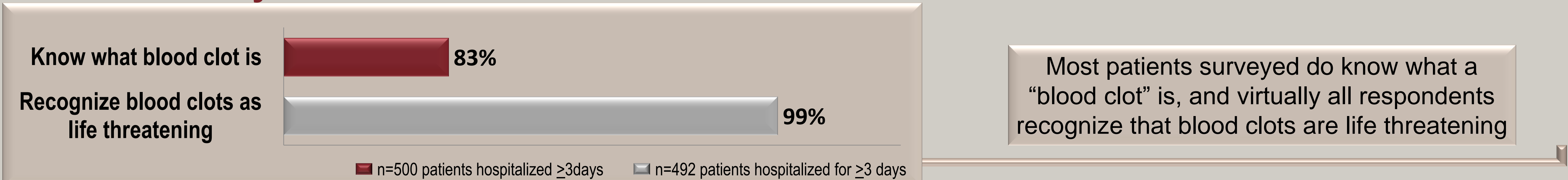
### DVT/PE Awareness Versus DVT/PE Risk



### Patient Reported Experience With Prophylaxis



### Health Literacy: "DVT" Versus "Blood Clot"



## 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](http://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.