

THE CHANGING CARE **PARADIGM FOR VTE**

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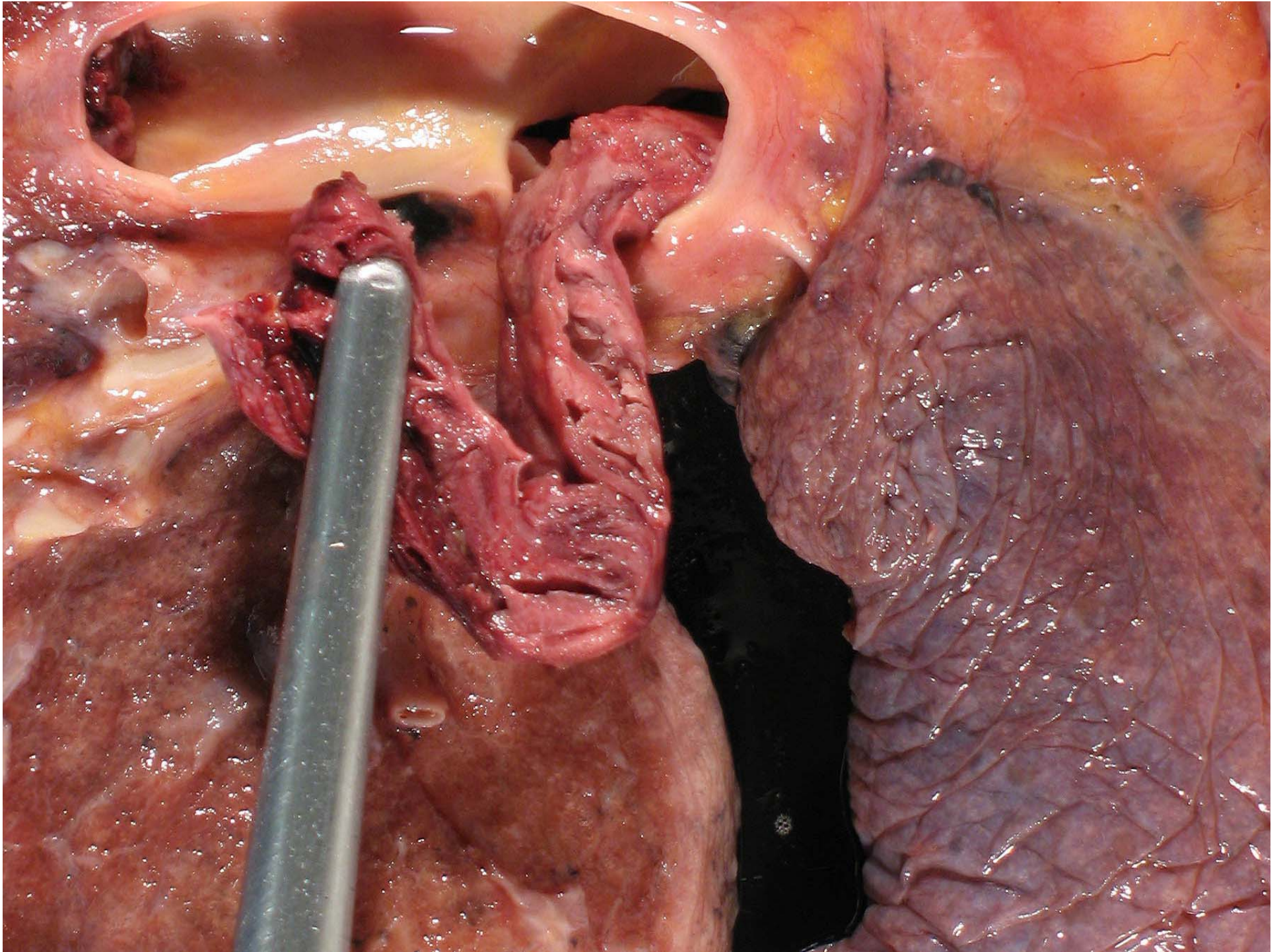
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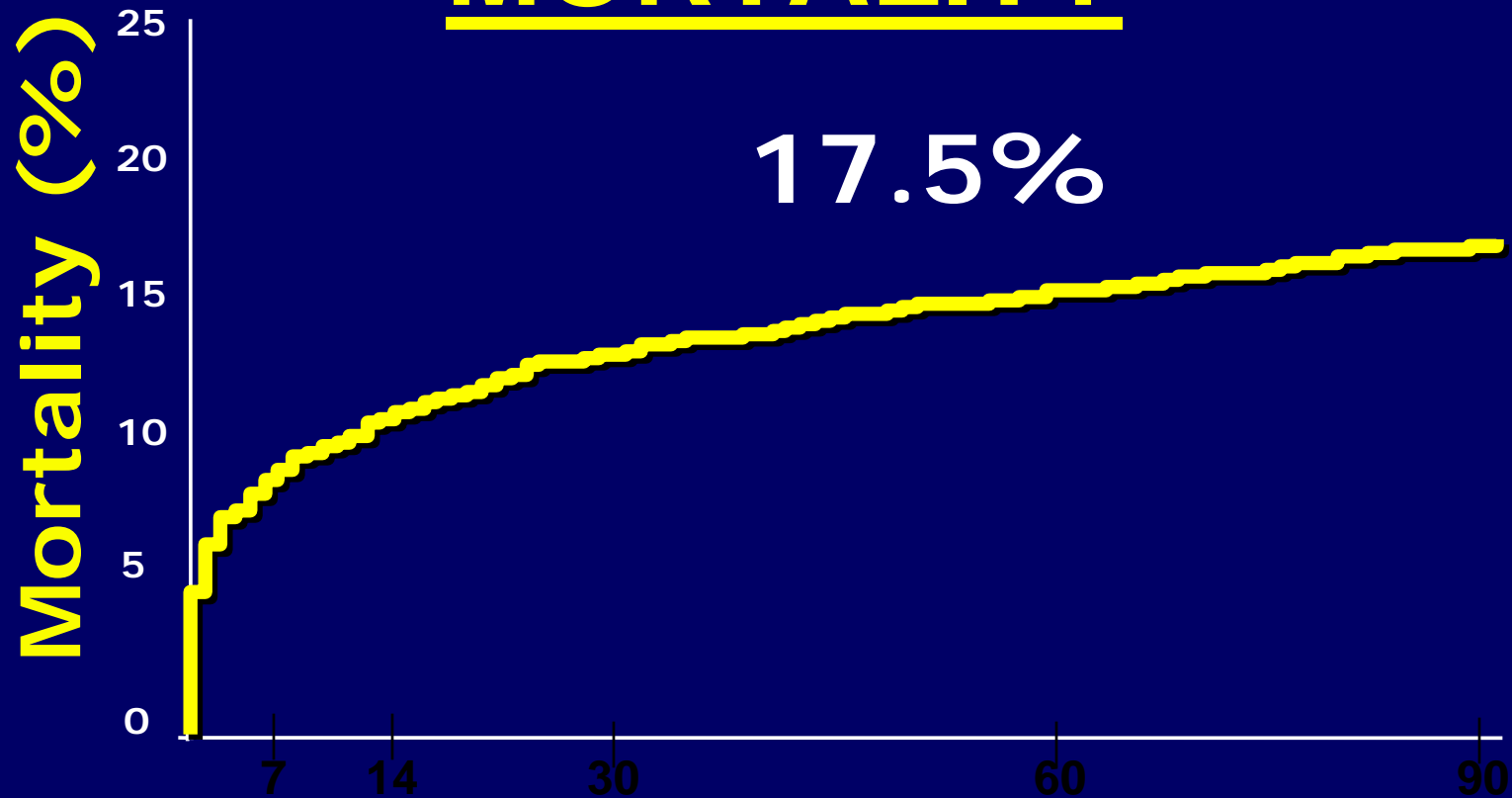
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ICOPER CUMULATIVE MORTALITY



Days From Diagnosis

(Lancet 1999; 353: 1386-1389)

The high death rate from PE (exceeding acute MI!) and the high frequency of undiagnosed PE causing “sudden cardiac death” emphasize the need for improved preventive efforts.

ANNUAL # AT-RISK FOR VTE: U.S. HOSPITALS

- 7.7 million Medical Service inpatients
- 3.4 million Surgical Service inpatients
- Based upon ACCP guidelines for VTE prophylaxis

(Anderson FA Jr, et al. Am J Hematol
2007; 82: 777-782)

NEW PARADIGM

- This is a pivotal time for progress in epidemiology, prevention, and treatment of thrombotic disorders.
- A partnership is strengthening among health care professionals, the public, government, and private organizations to catalyze advances in VTE research and clinical care.

SURGEON GENERAL'S DVT WORKSHOP PROCEEDINGS

- 22 sets of slides, formatted in both PowerPoint (for easy copying and use) and in pdf files
- 22 manuscripts with supplemental references, tables, and figures
- Opening and closing remarks of the then Surgeon General, Richard Carmona, MD

OSG CALL TO ACTION

- Surgeon General's DVT Workshop and Call To Action illustrate collaborative relationships among the medical community, the lay public, and government.
- Enduring materials from the Surgeon General's two-day DVT Workshop—slides and manuscripts, are available on:
www.surgeongeneral.gov/topics/deepvein/workshop/agenda.htm

NEW PARADIGM LINKS VTE AND CAD

- Epidemiology and risk factors for VTE may also be linked to coronary artery disease.
- Actions that help to prevent a heart attack, such as a “heart healthy lifestyle,” may also help prevent VTE.

CARDIOVASCULAR RISK FACTORS AND VTE (N=63,552 meta-analysis)

<u>RF</u>	<u>RR</u>
Obesity	2.3
Hypertension	1.5
Diabetes	1.4
Cigarettes	1.2
High Cholesterol	1.2

(Ageno W. Circulation 2008; 117: 93-102)

EAT VEGGIES AND LOWER VTE RISK; CAREFUL WITH RED MEAT

Adjusted Hazard Ratios (Quintiles)

	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>p</u>
Fruits, veggie	0.73	0.57	0.47	0.59	0.03
Fish	0.58	0.60	0.55	0.70	0.30
Red Meat	1.24	1.21	1.09	2.01	0.02

(Steffen LM. Circulation 2007;115:188-195)

REVERSIBLE RISK FACTORS

1. Nutrition: eat fruits, veggies, fish;
less red meat
2. Quit cigarettes
3. Lose weight/ exercise
4. Prevent DM/ metabolic syndrome
5. Control hypertension
6. Lower cholesterol

NEW VTE PARADIGM IN ACTION

- A previously healthy 54 year old man suffers acute DVT out of hospital. (As prevention efforts improve during hospitalization, in-hospital DVT will become less common.)
- He reads the OSG Call To Action booklet on DVT, discusses future outpatient preventive strategies with his PCP, and begins a weight-reduction, nutrition, and daily exercise program.

CONCLUSIONS

- The epidemiology of VTE has much in common with CAD.
- VTE Prevention is becoming established, entrenched, and enforced as a “must do” hospital practice. OSG, NHLBI, and Medicare are wielding a “big stick.”
- The ambulatory, community setting will benefit from development of optimal VTE prophylactic strategies.