

SEQUELLAE AND COST OF VENOUS THROMBOEMBOLISM

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DVT: A CHRONIC ILLNESS WITH OMINOUS SEQUELLAE

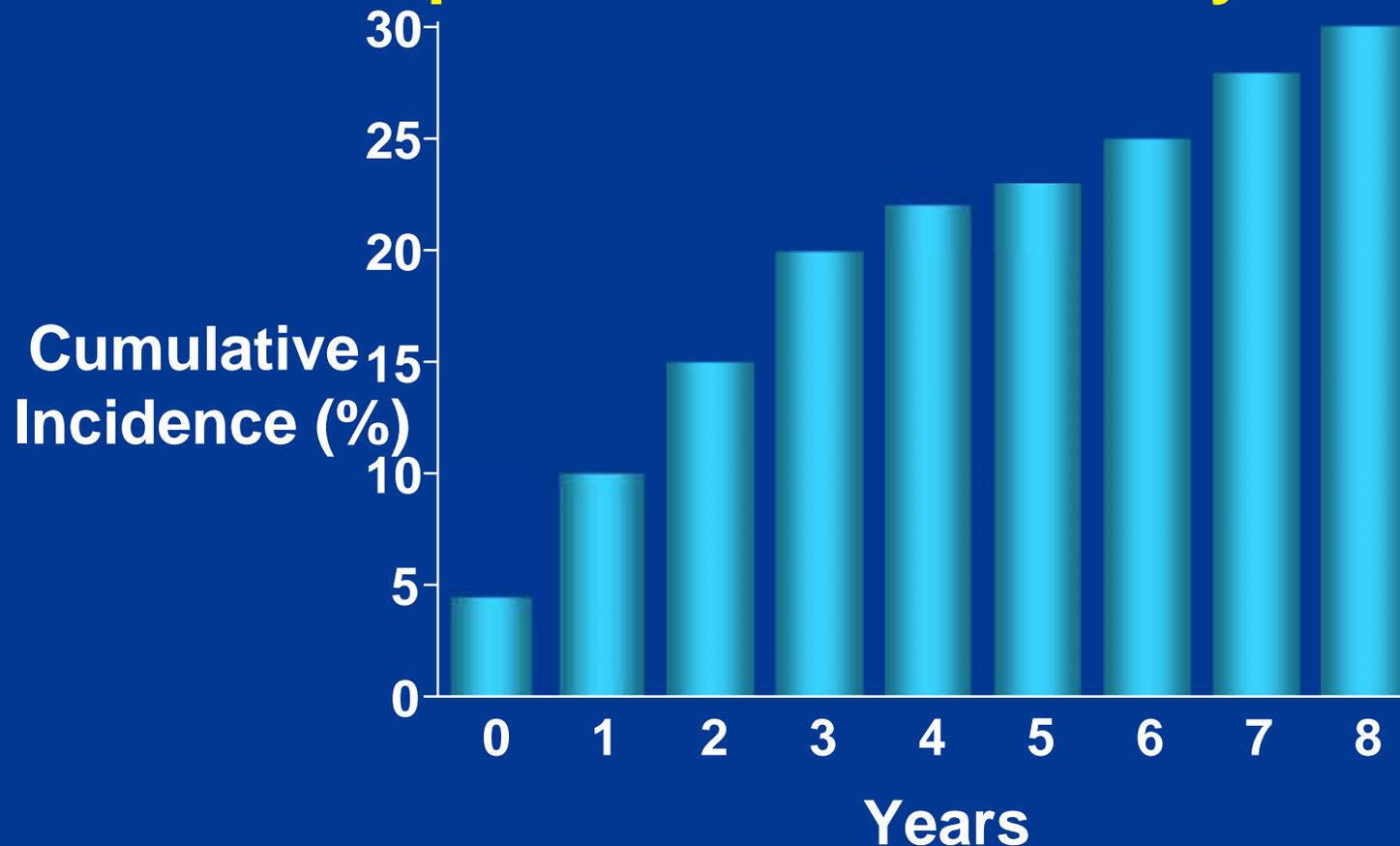
- More than 1/2 of DVTs result in chronic venous insufficiency (QOL)
- 30% recur over 10 years (after anticoagulation is discontinued)
- Leads to PE, potentially fatal (QOL)
- 4% of PEs evolve chronic thromboembolic pulmonary hypertension (QOL)

STAGES OF CHRONIC VENOUS INSUFFICIENCY

1. Varicose veins
2. Ankle/ leg edema
3. Stasis dermatitis
4. Lipodermatosclerosis
5. Venous stasis ulcer

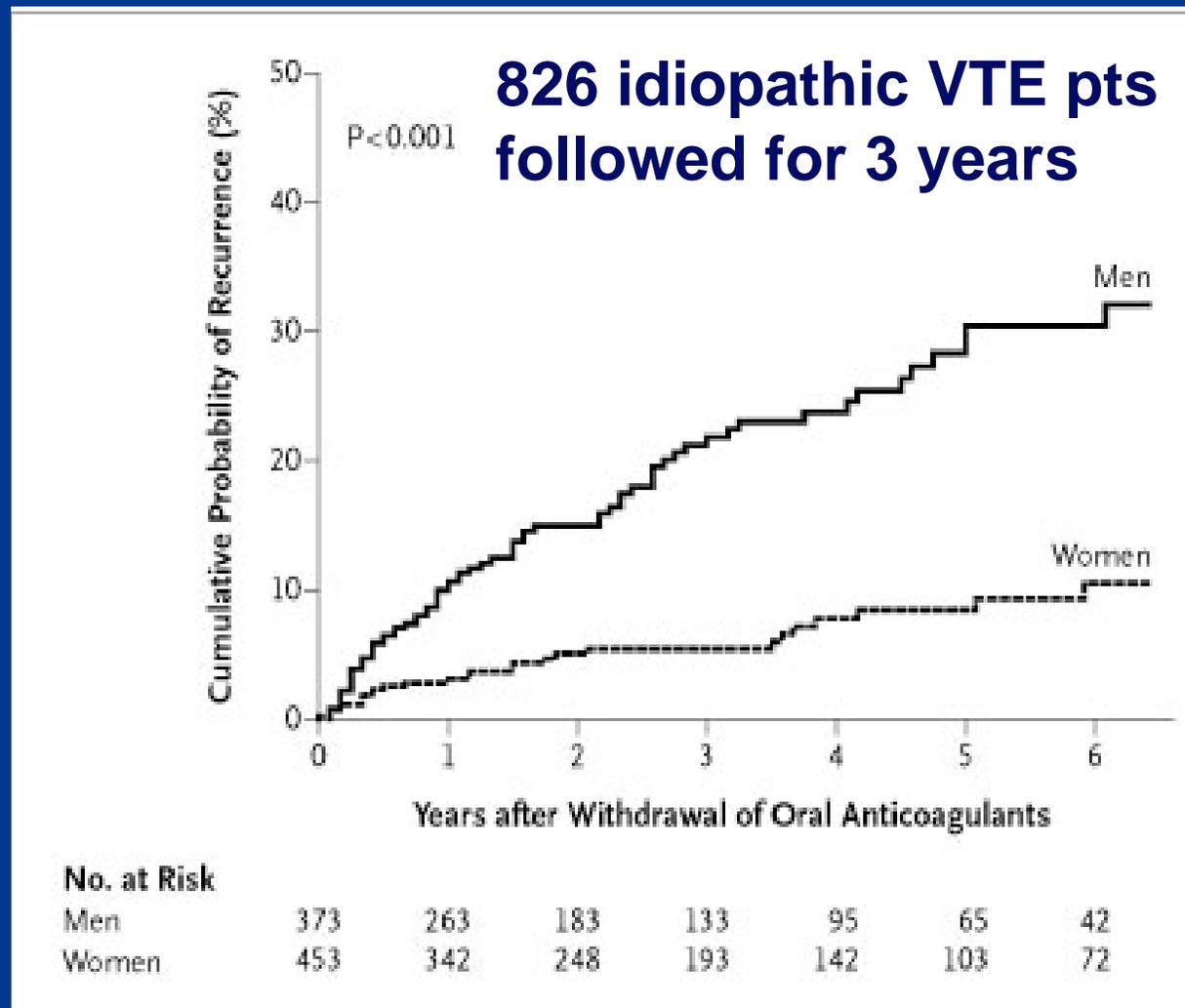
RECURRENT VTE IS COMMON AFTER A FIRST EPISODE OF SYMPTOMATIC DVT

355 patients followed for 8 years



(Prandoni P, et al, "The Long-Term Clinical Course of Acute Deep Venous Thrombosis". *Annals of Internal Medicine* 1996;125:1-7)

RECURRENT VTE: GENDER



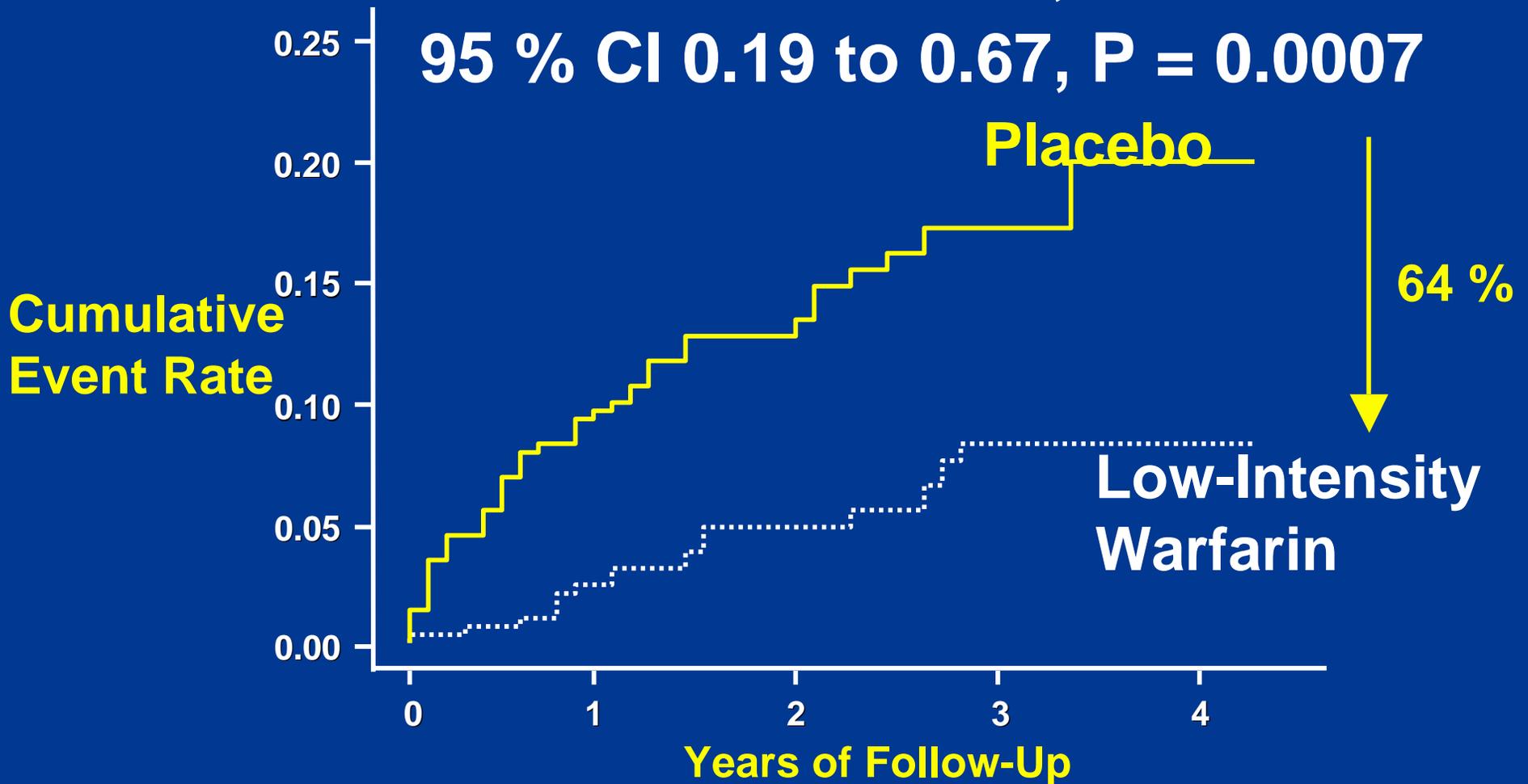
(Kyrle PA, Minar E, et al. New England Journal of Medicine 2004; 350: 2558-63. Copyright © 2004 Massachusetts Medical Society. Adapted with permission 2007. All rights reserved.)

RECURRENCE AFTER IDIOPATHIC VTE: 2003

<u>TRIAL</u>	<u>TAKE-HOME POINT</u>
PREVENT	Low intensity A/C (INR 1.5-2.0) reduces recurrence rate by 2/3.
ELATE	Standard A/C (INR 2.0-3.0) is more effective but as safe as low intensity A/C.
THRIVE-3	Ximelagatran effective, safe.

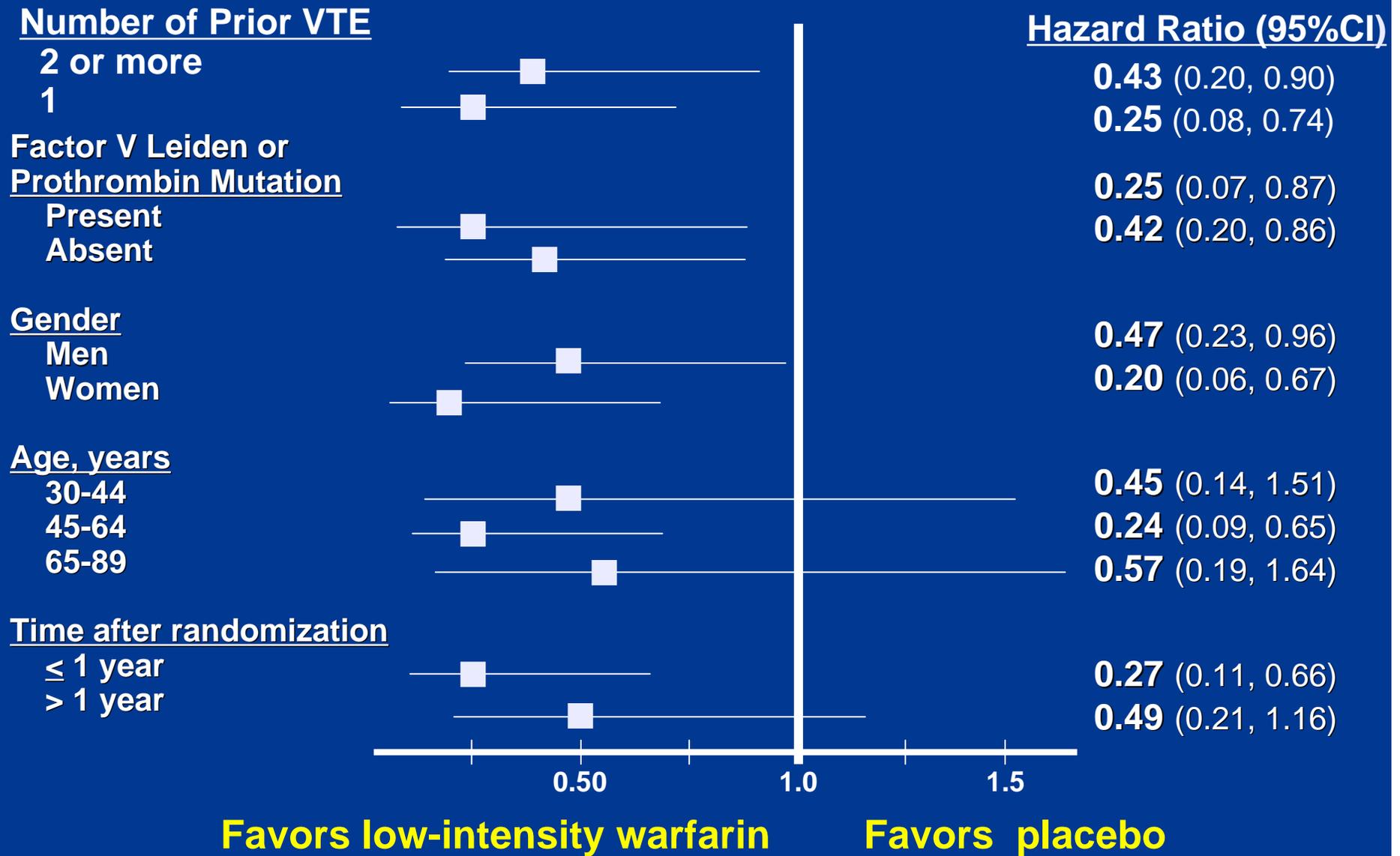
PREVENT: Recurrent VTE

Hazard Ratio = 0.36,
95 % CI 0.19 to 0.67, P = 0.0007

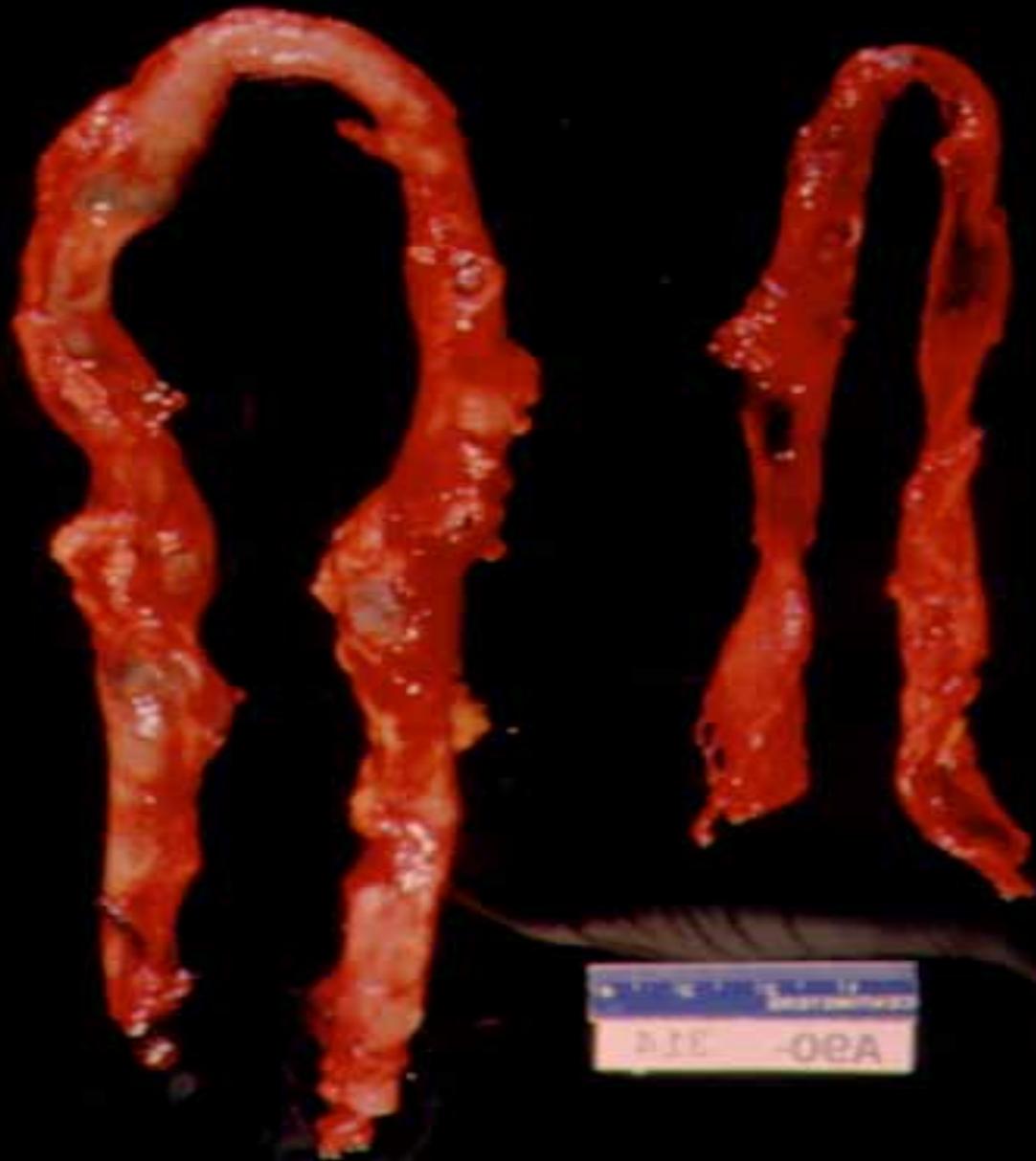


Ridker, P, Goldhaber SZ, et al, "Long-Term, Low-Intensity Warfarin Therapy for the Prevention of Recurrent venous Thromboembolism," New England Journal of Medicine 2003; 348:1425-1434
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PREVENT: Subgroups

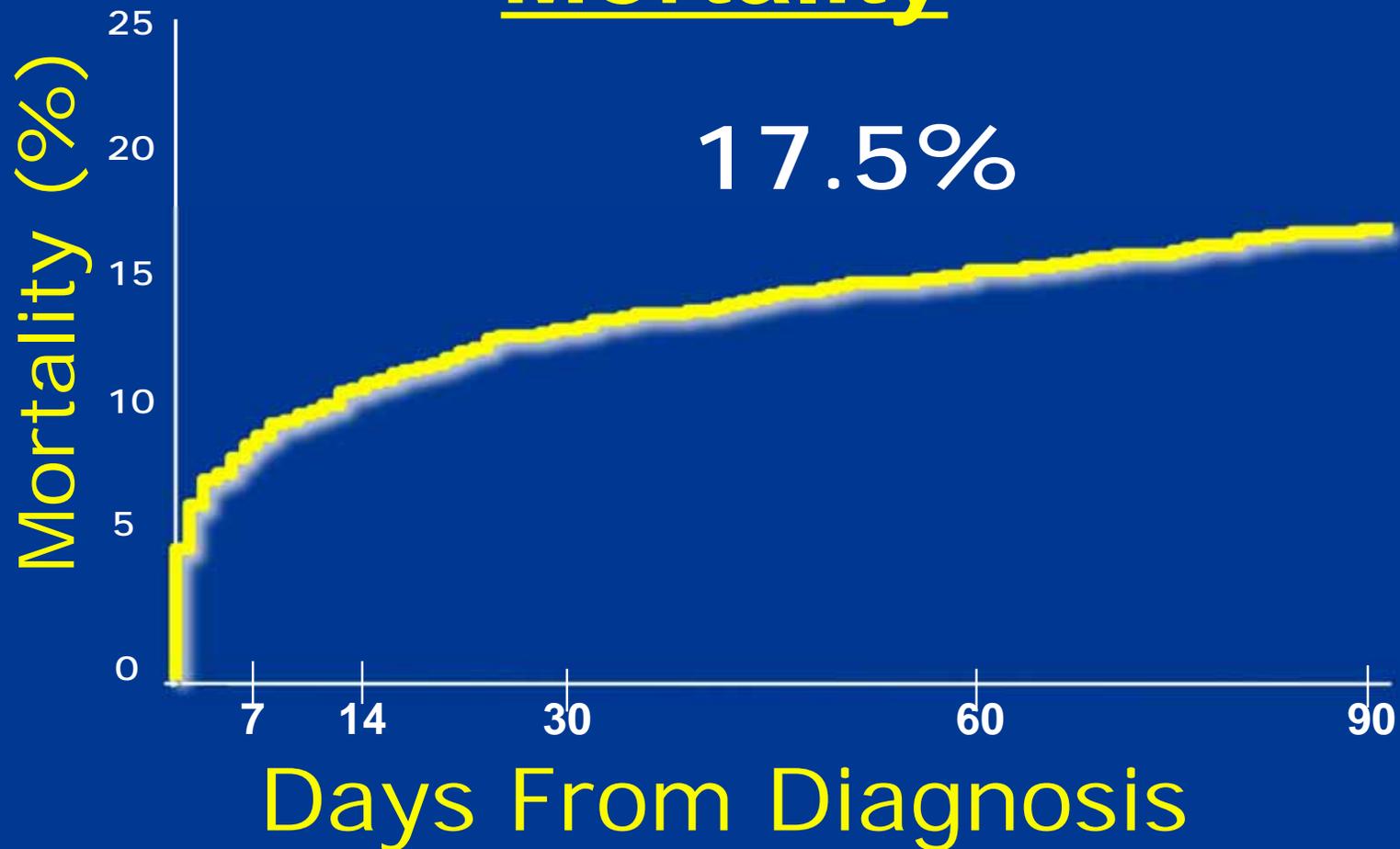


Ridker P, et al. N Engl J Med 2003; 348:1425-1434.

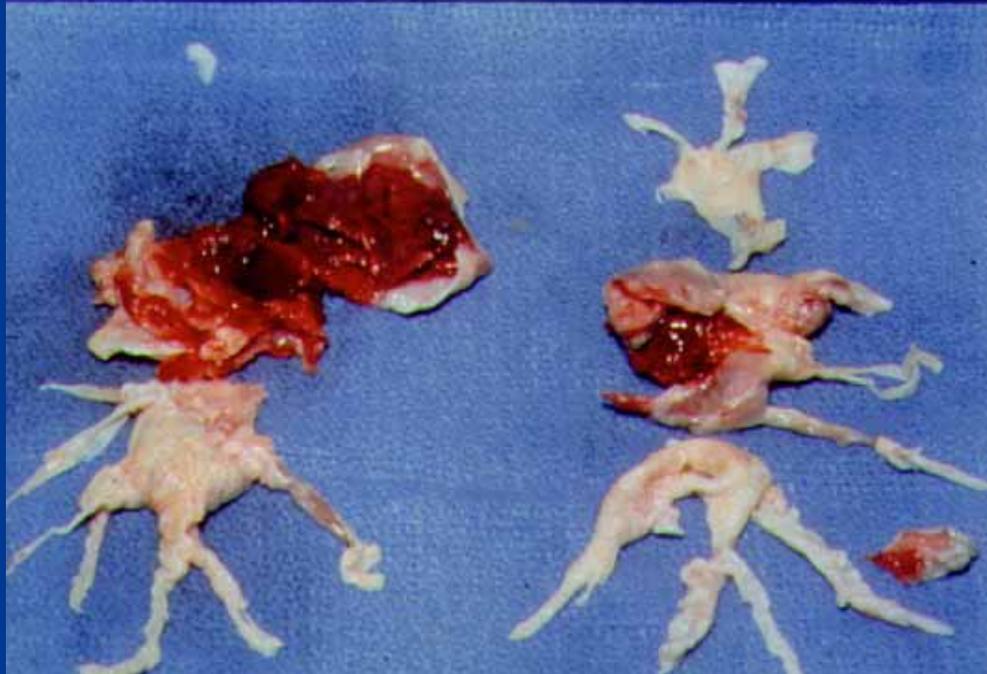
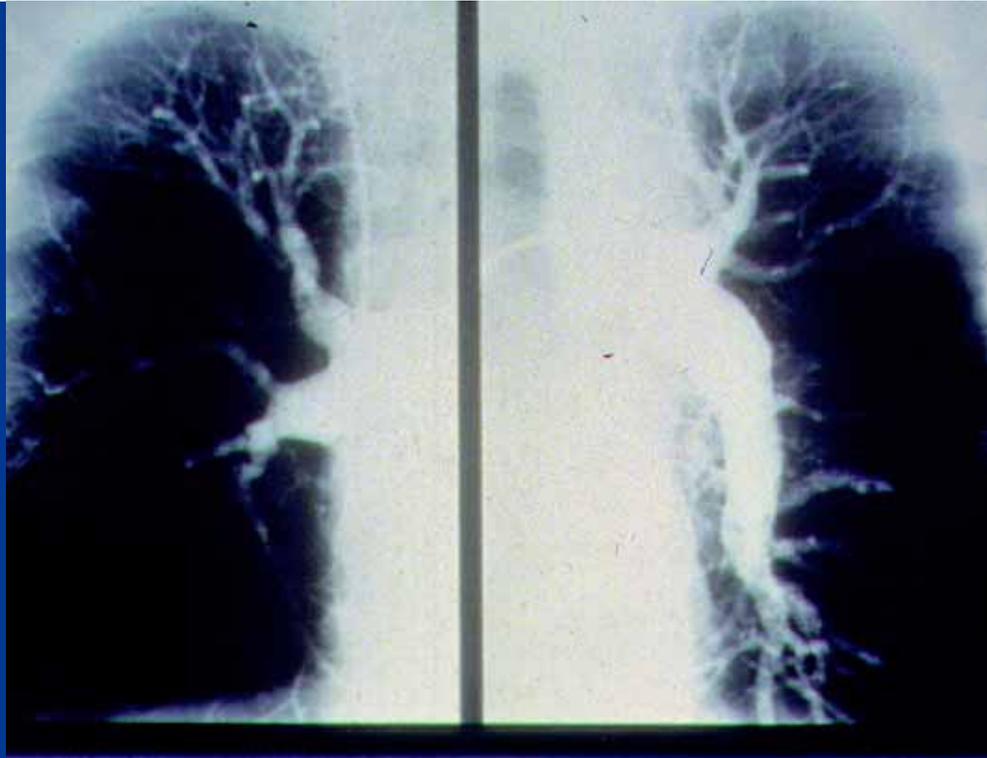




ICOPER Cumulative Mortality



(Reprinted from The Lancet, Vol.353, Goldhaber, SZ et al, Acute pulmonary embolism: clinical outcomes in the International Cooperative Pulmonary Embolism Registry, nos 1386-1389, Copyright 1999, with permission from Elsevier)



ESTIMATED ANNUAL COST TO TREAT DVT/ PE

- DVT: \$10,800 per patient
- PE: \$16,600 per patient
- Recurrence increases hospitalization costs by about 20% (increased LOS)
- Complications of anticoagulants are a cost burden
- Time lost from work

CONCLUSIONS

1. Our concept of DVT and PE has changed. This is usually a chronic illness, analogous to CAD or diabetes.
2. DVT and PE impair quality of life as well as threaten survival.
3. The cost burden for acute and subsequent care is high.
4. Costs include time lost from work and emotional suffering.