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Venous thromboembolism risk and prophylaxis in the acute hospital care setting (ENDORSE study): a multinational cross-sectional study

Cohen A, Tapson V, Bergmann J et al (2008). *The Lancet*; 371: 387-394

Overview

Alarge multi-national study was undertaken to assess the prevalence of VTE (Venous thromboembolism) risk in the acute hospital care setting and also to determine the proportion of at-risk patients who receive effective prophylaxis.

Design and methodology

In 358 hospitals across 32 countries, all hospital patients aged 40 years or more admitted to a medical ward or those aged over 18 years admitted to a surgical ward were assessed using hospital chart review.

Measurements recorded

Patients were assessed for risk of VTE and suitability of VTE prophylaxis using the 2004 American College of Chest Physicians (ACCP) guidelines.

Results

68,183 patients were enrolled in the study of whom 45% were classified as surgical and 55% as medical. Worldwide, more than half of all hospitalised patients are at risk of VTE and only half of these at risk patients receive an ACCP recommended form of prophylaxis.

The use of recommended VTE prophylaxis was particularly poor in medical patients; only 37% of patients with diagnoses of active malignancy and ischaemic stroke (two of the highest risk groups for VTE) received adequate prophylaxis.

Of the population at risk for VTE, 10% of medical patients and 9% of surgical patients were considered to have a high bleeding risk sufficient to present a contraindication to anticoagulant prophylaxis. However, these patients could have received ACCP recommended forms of mechanical prophylaxis.

Conclusion

Globally a large proportion of hospitalised patients are at risk of VTE and VTE prophylaxis is underused.

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