

Major illness increases venous thrombosis risk

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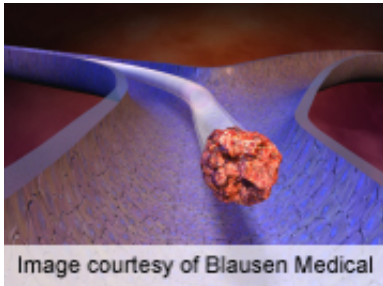


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People with major illnesses, including liver or kidney disease, rheumatoid arthritis, multiple sclerosis, heart failure, hemorrhagic stroke, or arterial thrombosis, have an increased risk of venous thrombosis that dramatically increases during periods of immobilization or in the presence of thrombophilia, according to research published online Oct. 26 in the *Journal of Thrombosis and Haemostasis*.

(HealthDay)—People with major illnesses, including liver or kidney disease, rheumatoid arthritis, multiple sclerosis, heart failure, hemorrhagic stroke, or arterial thrombosis, have an increased risk of venous thrombosis that dramatically increases during periods of immobilization or in the presence of thrombophilia, according to research published online Oct. 26 in the *Journal of Thrombosis and Haemostasis*.

In an effort to evaluate the effect of several major illnesses on the development of venous thrombosis and identify high-risk groups, Gurbey Ocak, M.D., Ph.D., of the Leiden University Medical Center in the Netherlands, and colleagues conducted a case-control study involving 4,311 consecutive patients with a first episode of venous thrombosis and 5,768 controls.

The researchers identified an increased risk of venous thrombosis for all major illnesses, including liver disease (odds ratio [OR], 1.7); [kidney disease](#) (OR, 3.7); rheumatoid arthritis (OR, 1.5); multiple

sclerosis (OR, 2.4); [heart failure](#) (OR, 1.7); [hemorrhagic stroke](#) (OR, 4.9); arterial thrombosis (OR, 1.5); and in the presence of any of these major illnesses (OR, 1.7). Dramatic increases in the risk of venous thromboembolism were seen for individuals with a combination of major illness plus immobilization and an increased clotting factor VIII (OR, 79.9); elevated factor IX (OR, 35.3); increased von Willebrand factor (OR, 88.0); factor V Leiden (OR, 84.2); or blood group non-O (OR, 84.2).

"These risks were most pronounced at time of immobilization and in the presence of thrombophilia," the authors write. "These results could be a guide for future thromboprophylaxis decisions."

More information: [Abstract](#)
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