

One in five young VTE patients require psychotropic drugs within five years

14 June 2015

EuroHeartCare is the official annual meeting of the Council on Cardiovascular Nursing and Allied Professions (CCNAP) of the European Society of Cardiology (ESC). The 2015 meeting is held 14 to 15 June in Dubrovnik, Croatia, in collaboration with the Croatian Association of Cardiology Nurses.

Ms Arbjerg Højen said: "Young VTE [patients](#) are scared of having another VTE and of dying. We treat these patients in our Thrombosis Research Unit and have seen how anxious and mentally unwell they can be, even a long time after the VTE occurs. They are troubled and have a hard time accepting the diagnosis since it is generally perceived as an [old person's](#) disease. Young patients can feel different and isolated."

Ms Arbjerg Højen continued: "We know that other chronic medical illnesses in youth can lead to emotional and [behavioural problems](#). However, until now VTE has been considered an acute condition that occurs in older people. There is no follow up of these young patients regarding their mental health and no studies have been done on this issue. But a [venous thromboembolism](#) has the characteristics of a [chronic illness](#) with a high risk of recurrence (10 year risk of 30%) and the potential for long-term somatic consequences including post thrombotic syndrome characterised by persistent or bursting pain, swelling, or cramping in the limb, pulmonary hypertension, and the need for lifelong medicinal treatment."

This study is the first to investigate the mental health prognosis of young VTE patients. Data from four nationwide registries was used: the Danish Civil Registration System, the Danish National Patient Register, the Danish National Prescription Registry, and the Danish Medical Birth Registry. The researchers identified 4 132 patients aged 13 to 33 who had a first VTE between 1997 and 2010. A control group of 19 292 people without VTE was randomly selected and matched to the patients by sex and birth year.

All participants in the study were followed in the prescription registry for their first purchase of [psychotropic drugs](#). These medications alter chemical levels in the brain which impact mood and behaviour and include antidepressants, anti-anxiety medications, sedatives and antipsychotics. Purchase of psychotropic drugs was used as a proxy measure for mental health status and compared between the two groups. Regression analysis was used to exclude other causes of psychotropic drug purchase such as postpartum depression.

The researchers found that psychotropic drug purchase was substantially higher among the young VTE patients compared to the control group. Among VTE patients the risk of purchasing psychotropic drugs following their diagnosis was 7.1% after 1 year and 22.1% after 5 years. Their excess risk relative to the controls was 4.7% after 1 year and 10.8% after 5 years.

Ms Arbjerg Højen said: "We found that after 5 years, VTE patients have a 10.8% higher risk of using psychotropic drugs than people of the same age without VTE. This was true both for patients with blood clots in the veins in the legs and for those with clots in the veins of the lungs. It means that one in five VTE patients will experience mental health problems requiring psychotropic medication within the first 5 years after diagnosis. That is more than double that of their peers."

She added: "Most of the drugs prescribed were antidepressants. These young patients struggle a lot with the fear of VTE recurrence. They are scared that if it strikes again it could become a pulmonary embolism and they might die. Our study only included patients who received a prescription for psychotropic drugs. There will be others who were not prescribed medication because of their young age so the group with mental health problems could be much larger than what we found."

Ms Arbjerg Højen continued: "Our study looked at mental health up to 5 years and not just in the immediate period after the VTE event, suggesting that it is not just a short term panic. We don't know how long mental health problems in VTE patients last, but we do know that these patients will always be at high risk of recurrent VTE so there is a possibility that their depression or anxiety could be lifelong if untreated."

She concluded: "Most young VTE patients are monitored by their general practitioner for 3 to 6 months because they are on oral anticoagulant treatment but after that there is generally no long-term follow up. Our study points to the need for treating VTE as a chronic condition with serious [mental health](#) consequences requiring specialist care."

Provided by European Society of Cardiology

APA citation: One in five young VTE patients require psychotropic drugs within five years (2015, June 14) retrieved 27 August 2022 from <https://medicalxpress.com/news/2015-06-young-vte-patients-require-psychotropic.html>

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