

CHEST issues new antithrombotic guideline update for treatment of VTE disease

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Each year, there are approximately 10 million cases of venous thromboembolism (VTE) worldwide. VTE, the formation of blood clots in the vein, is a dangerous and potentially deadly medical condition and is a leading cause of death and disability worldwide. In this latest evidence-based guideline, Antithrombotic Therapy for VTE Disease: CHEST Guideline, from the American College of Chest Physicians, experts provide 53 updated recommendations for appropriate treatment of patients with VTE.

"This guideline article, another from *Chest* living guidelines, provides the most up-to-date treatment options for patients with VTE. The guideline presents stronger recommendations and weaker suggestions for treatment based on the best available evidence, and identifies gaps in our knowledge and areas for future research," said lead author Clive Kearon, MD, McMaster University.

Key changes to recommendations in the 9th edition to the 10th edition include:

- Non-vitamin K antagonist oral anticoagulants (NOACs) are suggested over warfarin for initial and long-term treatment of VTE in patients without cancer. Since publication of the 9th edition, new studies show that NOACs are as effective as VKA therapy with reduced risk of bleeding and increased convenience for patients and health-care providers.
- Routine use of [compression stockings](#) is out to prevent

postthrombotic syndrome in acute DVT. Based on recent evidence, the 10th edition suggests not to routinely use compression stockings to prevent postthrombotic syndrome in patients with acute DVT. Postthrombotic syndrome is a chronic condition of the leg with swelling, pain, skin discoloration, and even ulcers. In the 9th edition, compression stockings were routinely suggested as a preventive measure in these patients.

- New isolated subsegmental pulmonary embolism [treatment](#) recommendations. The 10th edition suggests which [patients](#) diagnosed with isolated subsegmental pulmonary embolism (SSPE) should, and should not, receive anticoagulant therapy.

To date, the updated guideline has been endorsed by American Association for Clinical Chemistry, American College of Clinical Pharmacy, International Society for Thrombosis and Haemostasis, and American Society of Health-System Pharmacists.

More information: The complete guideline article is free to view in the Online First section of the journal *Chest*:

journal.publications.chestnet.org/onlinefirst.aspx

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