ASH Recommendations for Treatment of Deep Vein Thrombosis and Pulmonary Embolism

What it covers

- Evidence-based support for decision-making during each of the treatment phases of venous thromboembolism (VTE) and the recommended approach for the treatment in those phases

VTE treatment phases:

- **Initial management:** from diagnosis until the first weeks of therapy
- **Primary treatment:** typically a minimum of three months
- **Secondary prevention:** extends for a prolonged, usually indefinite, period of time after the primary treatment phase

Why it matters

- There is not a single approach to VTE treatment and prevention.
- There have been many recent clinical studies that inform/guide treatment at each of the various stages.

Who it affects

- Emergency department physicians and urgent care providers who make the initial management decisions for patients with acute deep-vein thrombosis (DVT) and pulmonary embolism (PE).
- Vascular medicine and interventional specialists who treat patients with acute, severe VTE
- Thrombosis specialists and anticoagulation providers who implement and manage the antithrombotic therapies for patients with VTE
- Hematologists who consult about risks for recurrent thrombosis and hemorrhagic complications in patients on anticoagulant therapy
- All specialists and primary care providers who diagnose and manage the chronic complications that these patients can develop, including post-thrombotic syndrome and chronic thromboembolic pulmonary hypertension

What are the highlights

- The guidelines emphasize the need for VTE treatment decisions to be patient-centric and consider patients’ perspectives that include the financial implications when choosing anti-coagulation therapy
- Strong recommendations from the panel include:
  - Use thrombolytic therapy to treat patients with pulmonary embolism who are hemodynamically compromised
  - Use anticoagulant therapy to treat patients in secondary prevention
  - Use indefinite anticoagulation therapy to treat patients with recurring VTE
- The panel also made conditional recommendations expressing a preference for home treatment over hospital-based treatment of uncomplicated cases of DVT and PE. Home treatment is suggested when there is a low risk for complications as well as a preference for direct oral anticoagulants for primary treatment of VTE.

Total number of panel recommendations: 28

REFERENCE


For more information on the ASH Clinical Practice Guidelines on Venous Thromboembolism, visit [www.hematology.org/VTEguidelines](http://www.hematology.org/VTEguidelines)