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 VTE, visit www.hematology.org/VTEguidelines.