

Treatment of deep vein thrombosis in elderly patients

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Background: Prevalence of deep vein thrombosis (DVT) in octogenarians is increasing according to the demographic trends. ACCP guidelines¹ published 2016 dramatically influenced on therapeutic strategies in favor of NOACs versus VKA in DVT/PE treatment. Non inferior efficacy and greater safety if treated with NOACs was the privilege for therapy in elderly. Seniors are vulnerable mostly because of increased risk of bleeding, various comorbidities so they are usually undertreated if VKA was prescribed. Retrospective analysis from our University Center would reveal DVT treatment changes in elderly patients in the past 45 months that might be influenced by new guidelines recommendation.

Patients and Methods: Analysis included 97 DVT hospitalized patients aged 83.9±4.34 treated in Department of Cardiovascular diseases, University of Zagreb School of Medicine, in 45 months period (2016-2019). Proximal DVT occurred in 78.2%, 70% DVT was provoked (cancer related in 35%, 21.6% trauma, 7.6% surgery related, 9.6% bed rest, 19.5% were already treated with anticoagulants because of atrial fibrillation).

Results: For the whole observed period (2016-2019) 18% of patients were initially on admission treated with NOACs and 38% were switched to NOACs on hospital discharge for continued therapy. DVT treatment using non VKA has significantly ($p=0.008$) positive trend with respect of creatinine clearance values. Only 8.6% population were prescribed NOACs for the extended therapy for DVT or VTE in year 2016. In 2018 and 2019 53% of octogenarians were treated with NOACs for at least 3 months.

Conclusions: DVT pharmacotherapy in senior population according to observational study revealed significant changes in the 45 months period according to our Centar data. Long term treatment for DVT in octogenarians was significantly changed, with the positive trend favoring NOACs versus VKA ($p=0.008$).

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LITERATURE

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