Preface

Notes from the Editor- in- Chief: Venous Thrombo-Embolism (VTE): Time to Act

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(J Med J 2007; Vol. 41 (3): 144)

It has long been recognized in the industrial countries that VTE is a major health issue which needs to be dealt with in order to save lives and reduce complications. Several guidelines and policies have been adopted by most of the large health care institutions concerning the prophylaxis of VTE in these countries.

The issue is alarming, since VTE kills more people than cancer, car accidents and HIV put together. Given the fact that so much money has been spent on these conditions, little has been done to increase awareness of VTE. The time has come to put VTE as a number one health care priority in a hospital setting. This problem is likely to reach epidemic proportions with the aging population if no strong action is taken.

Doctors and patients have to be aware of the risk factors of VTE. There are several models of risk factor calculations which can be applied to each individual patient, and accordingly; the patient is advised concerning prophylaxis.

I recently conducted a survey of VTE risk factors at Jordan University Hospital (JUH) in which 630 patients who were admitted to hospital were stratified for risk factors according to the model of Caprini. It was found that more than two thirds of patients were either at a high risk or at a very high risk of developing VTE. What was more surprising is that only 29% of these patients actually received low molecular weight heparin prophylaxis.

This situation is quite unacceptable and should lead to take immediate measures starting with hospital guidelines. The situation in other hospitals in the kingdom is likely to be similar or even worse.

As for the duration of prophylaxis, the medical evidence is mounting towards an extended prophylaxis to 4 or 5 weeks after hospital discharge, especially for surgical patients and, to certain extent, in some medical patients. Such an extended prophylaxis should be incorporated in any hospital guidelines and policies.

The medical evidence is currently in favor of un-fractionated heparin given in 2-3 doses a day, or low molecular weight heparin given in a single daily dose. Obviously, there are many advantages of low molecular weight heparin; including the single daily dose, no need to monitor therapy and the very good tolerability. No body recommends aspirin as VTE prophylaxis to any category of patients. The evidence is that it is not effective in Venous Thrombo-Embolism.

Recently, a Jordanian Thrombosis Society (JTS) has been formed and is in the process of being registered with the medical association. I hope this society will provide the right forum for more awareness, research and guidelines in this field. It seems very promising a society, given the prominence of its members and their solid medical and scientific backgrounds, as well as their vast experience in VTE.

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