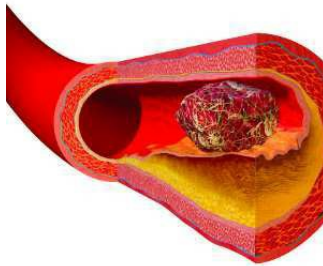


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## Low Risk Treatment for Blood Clots Empowers Patients



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According to companion studies published in *Academic Emergency Medicine*, a lower risk treatment with rivaroxaban for blood clots was found to be more effective, less costly and enabled patients to go home the same day.

Blood clots that could potentially be fatal is a primary cause of emergency room visits each year. A large number of patients with this condition are admitted to the hospital and are usually treated with injectable heparin and oral warfarin and are closely monitored to ensure dosage levels are safe to prevent additional blood clots or bleeding.

However, in a study conducted by researchers at the Indiana University School of Medicine, 106 low-risk patients diagnosed with deep vein thrombosis or pulmonary embolism, seventy-one of which had deep vein thrombosis, 30 had pulmonary embolisms and five had both diagnoses, were treated with rivaroxaban. Rivaroxaban does not require daily monitoring and allows patients to go home. The study patients received follow up monitoring at two and five weeks, and at three and six months (which would not have been the case with warfarin or heparin as they require blood monitoring every week).

The findings showed that patients diagnosed with deep vein thrombosis and treated with rivaroxaban were discharged immediately from the emergency room and had a low rate of recurrent thrombosis and bleeding. This is a definite advantage as the ability to send patients home from the emergency room is a quality of life issue.

Senior author Jeffrey A. Kline, M.D., vice chair of research in emergency medicine and professor of emergency medicine and cellular and integrative physiology at the Indiana University School of Medicine, says, "this study is about giving patients a new option. Treating patients at home for blood clots was found to have fewer errors than the standard of care and better outcomes. Patients have to be taught to give themselves injections and it scares them to death. Almost everyone has taken a pill so there is no learning curve for patients."

Dr. Kline and his colleagues compared costs associated with both treatment protocols in another study. They found that the rivaroxaban protocol resulted in about half the cost of hospitalisation and treatment with heparin and warfarin. In 97 cases evaluated as part of the second study, it was found that after six months, the median cost for the rivaroxaban group was \$4,787, less than half the median cost of \$11,128 for the group that was hospitalised and treated with the current standard of care.

"We really do empower the patient more with this anticoagulant treatment," Dr. Kline said. "Patients say treatment with no injections is a much better option. This treatment for DVT or pulmonary embolisms takes a condition that is life-threatening and makes it something the patient can control."

Source: Indiana University

Image Credit: Wikimedia Commons

Published on : Mon, 20 Jul 2015