Dalteparin reduced venous thromboembolic events without increased bleeding in acutely ill medical patients

We discussed this article (1) at our “evidence for clinical decisions” meeting and have some comments.

With regard to the applicability of the title and conclusion: We think the title is too strong a statement and may lead to recommendation and application of this treatment for all unselected acutely ill medical patients. We feel there should be more reservation in recommendations for the use of prophylactic dalteparin in the title and commentary for the following reasons: 1) The primary outcome was a composite endpoint, and the validity of such an approach has been questioned (2). 2) Participants were included if they had ≥ 1 risk factor for VTE. The control event rate may be lower in unselected acutely ill medical patients and hence may lead to an increase in the number needed to treat. 3) Patients at “high risk for bleeding” were excluded. In unselected acutely ill medical patients, the risk for bleeding may be higher and therefore result in a reduced number needed to harm. 4) The study had pharmaceutical company sponsorship (3).

Routine prophylactic anticoagulation for medical patients is an issue of great importance to physicians. We are concerned that this ACP Journal Club item may be interpreted to recommend that dalteparin-based prophylactic anticoagulation should be given to all acutely ill medical patients without proper risk stratification and with the risk for bleeding as a complication underestimated.

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References

Correction: Dalteparin reduced venous thromboembolic events without increased bleeding in acutely ill medical patients

In the Table of the abstract “Dalteparin reduced venous thromboembolic events without increased bleeding in acutely ill medical patients” (1), the relative risk increase for major bleeding of 2% should be 206%.

Reference