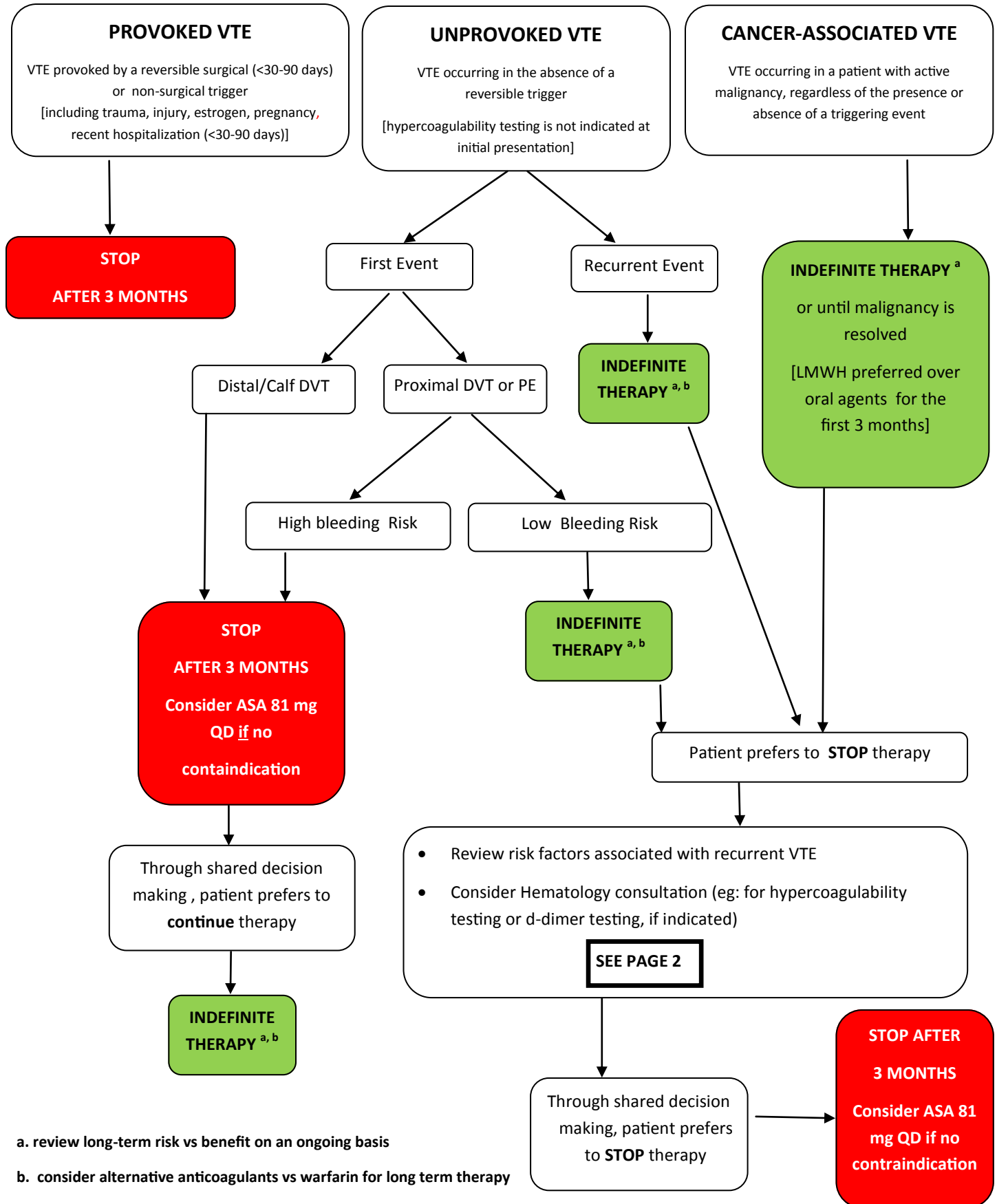


RECOMMENDATIONS FOR DURATION OF ANTICOAGULANT THERAPY FOLLOWING VTE

This algorithm is intended as a general guidance, not a protocol, for determining the duration of anticoagulant therapy for adult patients with VTE. Patient values and preferences should be considered throughout the shared decision-making process. *SEE PAGE 2 FOR ADDITIONAL CONSIDERATIONS*



ADDITIONAL CONSIDERATIONS

FACTORS ASSOCIATED WITH HIGH BLEEDING RISK

- advanced age
- moderate to severe renal impairment
- concomitant anti-platelet therapy
- low time-in-range if on warfarin
- poorly controlled HTN
- hepatic impairment
- Substance abuse

SEE BLEEDING RISK ASSESSMENT TOOLS

at depts.washington.edu/anticoag

NOTE: available scoring systems were developed in pts with
atrial fibrillation on vitamin K antagonist therapy

FACTORS ASSOCIATED WITH INCREASED RISK OF RECURRENT VTE

- Elevated d-dimer one month after stopping oral anticoagulant therapy
- Male sex, regardless of d-dimer one month after stopping oral anticoagulant therapy
- Proximal (vs distal) DVT
- PE (vs DVT)
- Obesity
- Active malignancy +/- active cancer treatment
- Symptomatic post-thrombotic syndrome
- Ongoing use of hormone replacement therapy or oral contraceptives
- Presence of IVC filter
- Chronic thromboembolic pulmonary hypertension

ROLE OF HYPERCOAGULABILITY TESTING

- Not indicated at initial presentation of VTE
- Consider in patients with thrombosis at a young age, history of thrombosis in first degree relatives or thrombosis in an unusual location
- Hematology consultation recommended

ROLE OF REPEAT DUPLEX ULTRASONOGRAPHY

- Not recommended for provoked thrombosis
- Not recommended to establish risk of recurrence or duration of therapy
- May be useful to establish a “baseline” against which future studies can be compared if/when the patient has a suspected recurrence in the same leg