Correspondence

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The Unfortunate Research Inertia on Studying VTE in Nursing Homes

To the Editor:

We read with great interest the recent article by Leibson et al1 in CHEST (August 2014) on prophylaxis of VTE in nursing home residents. The article eloquently describes the dilemma of VTE in daily clinical care in nursing homes. Many nursing home residents will be at increased risk of VTE, yet these very same factors that drive this risk also increase the potential of serious bleeding complications should VTE prophylaxis or treatment be initiated.

VTE research by itself is hugely popular—as exemplified by the staggering number of nearly 130,000 hits in PubMed using search terms for VTE. Unfortunately, however, only an alarmingly low number of 79 of these articles study VTE in a nursing home setting. We, therefore, welcome the article by Leibson et al1 as it clearly shows us that evidence (and, thus, also guidelines) from a non-nursing home setting cannot easily be transferred to nursing homes, given the differences in VTE risk factors as they described. In a recent publication from our group, we found similar issues regarding the difficulty of transferring evidence.2 In a sample of 423 nursing home residents with suspected VTE, 322 patients were at high risk based on a clinical decision rule combined with D-dimer testing. Of these patients, 126 (39%) were not referred for additional imaging, despite the fact that guidelines for non-nursing homes currently recommend doing so. We evaluated reasons for these nonreferral decisions as well as their consequences. Physicians reported that advance care planning and the estimated impact on life expectancy of concurrent comorbidity (including, thus, the relative merits of further diagnostic investigations) played a role in these nonreferral decisions. Nonreferral was associated with higher risk of mortality (crude OR, 2.45; 95% CI, 1.40-4.29), yet this OR no longer reached significance when adjusted for comorbidity (using propensity scores estimating the probability of referral).

Clearly, both the study from Leibson et al1 as well as our own recent observation2 stress the need for more research in this field. This should provide answers to relatively simple questions: “What are the potential benefits of VTE prophylaxis in high-risk patients residing in nursing homes?” or “What diagnostic tests should I perform when VTE is suspected in a nursing home patient, and what are the net clinical benefits of referral?” These are questions that long have been answered in a non-nursing home setting yet still remain largely unanswered for this specific clinical domain.

Geert-Jan Geersing, MD, PhD
Henri J. Schouten, MD, PhD
Huiberdine L. Koek, MD, PhD
Ruud Oudega, MD, PhD
Johannes J. M. van Delden, MD, PhD
Karel G. M. Moons, PhD
Utrecht, The Netherlands

AFFILIATIONS: From the Julius Center for Health Sciences and Primary Care (Drs Geersing, Oudega, van Delden, and Moons) and the Department of Geriatrics (Drs Schouten and Koek), University Medical Center Utrecht.

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CORRESPONDENCE TO: Geert-Jan Geersing, MD, PhD, Julius Center for Health Sciences and Primary Care, University Medical Chest Utrecht, Universiteitsweg 100, 3584 CG, Utrecht, The Netherlands; e-mail: G.J.Geersing@umcutrecht.nl

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