Consensus on Management of DVT with Emphasis on NOACs: Recommendations from Inter-disciplinary Group of Indian Experts

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Deep vein thrombosis (DVT) and pulmonary embolism are known to be associated with increased morbidity and mortality in hospitalized patients. The incidence of venous thrombosis depends on the prevalence of thrombosis risk factors in the patients. There is a prevailing belief that the incidence of venous thromboembolism is less common in the Indians and Asians. But in the recent past studies such as ENDORSE study have shown that the risk of thromboembolism among Indians is similar to that in the other countries.¹,² But the VTE risk perception among the treating physicians was found to be variable which resulted in decreased implementation of the thromboprophylactic measures (16%) compared to the other countries who participated in the ENDORSE study.¹

Therapeutic anticoagulation is the mainstay of treatment in the management of confirmed symptomatic deep vein thrombosis. There are some physicians who are concerned about the treatment of the asymptomatic deep vein thrombosis due to the fear of bleeding from the anticoagulation. The risk of the pulmonary embolism seems to be real and unpredictable irrespective of the degree of symptoms or no symptoms in these patients with deep vein thrombosis.³ In the past 50 years there were many changes in the field of anticoagulation. Injections of unfractionated heparin, low molecular weight heparin, fondaparinux and Vitamin K dependent oral anticoagulants, recently introduced direct oral anticoagulants (DOACs) are used in the treatment of deep vein thrombosis.⁴ Adequate therapeutic anticoagulation prevents recurrent attacks of DVT, nonfatal and fatal pulmonary embolism.⁴ However maintaining the anticoagulation in the therapeutic range is a challenge and more efforts were made towards developing new therapeutic molecules. As a result with the introduction of new molecules we are hoping to avoid the initial needle pricks and at same time the new drugs are effective and safe alternatives to the vitamin K dependent oral anticoagulants.

The new direct oral anticoagulants (DOACs) which can directly act and inhibit the factor Ila and factor Xa are showing less risk of the intracranial bleeding compared to the warfarin.⁴ Drug to drug, drug to disease and drug to dietary interactions are minimal with these new DOACs.⁴ These new drugs are used in fixed doses across a wide variety of patients, without routine monitoring (PT, INR or aPTT).³ Currently the monitoring assays for these drugs are not widely available for clinical practice. Many physicians ask for an agent or antidote which can reverse the effect of these drugs in emergency situation to prevent excess bleeding either in trauma or when a surgical intervention is needed. The Initial successful clinical trials indentified the reversal agents such as idarucizumab for dabigatran etexilate which has got the approval from the US FDA and EMA.⁵ Other reversal agents are also in the line and they are undergoing clinical trials in different stages.

At this time, there are exciting and changing approaches in the management of venous thromboembolism in the medical and surgical clinics where one would need opinions, guidelines and consensus statements from the experts to optimally utilize standard and new modes of therapies with more effectiveness and better safety. In this issue a group of experts from different medical and surgical specialties opined, discussed and suggested the measures to prevent and treat the venous thromboembolism in the clinical practice. We are sure that these suggestions are simple and one can easily refer to them for support when the clinician has to make a decision in his or her clinical practice.

References


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