

Sex-Specific Analysis of Management and Disposition of Patients With Venous Thromboembolism

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Sex-Specific Analysis of Management and Disposition of Patients With Venous Thromboembolism

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Study Objectives

Clinical guidelines from professional societies suggest that outpatient management is safe for low-risk patients with venous thromboembolism (VTE). With FDA approval of direct oral anticoagulants (DOACs), there has been a shift in treating low-risk VTE patients with DOACs to the outpatient setting. This study sought to describe sex specific differences in the management of VTE.

Methods

We performed a retrospective analysis on a quality improvement database of a convenience sample of those diagnosed with VTE between 9/1/2020-2/28/2021. Patients were included if they were evaluated in the ED at one of 6 network hospitals in NE Pennsylvania: 3 rural community hospitals, a Level 1 trauma/academic center, a suburban hospital and a center city hospital.

Results

From 9/1/20-2/28/21, 454 patients, 219 female (48.2%) and 235 (51.8%) male with an average age respectively of 61 and 58 years, were diagnosed with VTE. Of these, 248 (54.6%) were admitted for VTE treatment and 206 (45.4%) were discharged. The length of stay (LOS) range for the female group was 37-2776 minutes (average of 389 minutes) vs. a range of 70-1545 minutes (average of 396 minutes) for the male group. Regarding disposition, 127 (57.9%) females were admitted and 92 (42.0%) were discharged vs. 121 (51.5%) males admitted and 114 (48.5%) discharged ($p=0.164$). Twenty-seven (12.3%) of the female patients and 33 (14.0%) of the males didn't have a follow-up appointment scheduled at discharge ($p=0.590$). There were 27 patients that returned within 30 days with a VTE diagnosis, 13 were females and 14 were males ($p=0.992$). Of those who returned that had been discharged, 9 were females (69.3%) compared to 4 (28.6%) males. Of those who returned that had been admitted, 4 were females (30.7%) vs. 10 (71.4%) males. DOACs were prescribed to 127 (57.9%) female patients: 82 (64.6%) receiving apixaban, 33 (25.9%) rivaroxaban, 7 (5.5%) enoxaparin and 5 (3.9%) warfarin compared to 126 (53.6%) male patients: 65 (51.6%) receiving apixaban, 37 (29.4%) rivaroxaban, 18 (14.3%) enoxaparin and 6 (4.8%) warfarin.

Conclusion

Our study found that there were no statistically significant sex specific differences in disposition of patients presenting to the ED with VTE. Further study with a larger dataset to determine the impact of these potential sex specific differences in medication management on patient outcomes as well as to elucidate the impact COVID has on management is indicated.

DOACs PRSCRIBED TO PATIENTS DIAGNOSED WITH VTE

