

Prevention and treatment of venous thromboembolism in hospital and the community: a research programme including the ExACT RCT

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Declared competing interests of authors: none

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published May 2020

DOI: [10.3310/pgfar08050](https://doi.org/10.3310/pgfar08050)

Plain English summary

A research programme including the ExACT RCT

Programme Grants for Applied Research 2020; Vol. 8: No. 5

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Plain English summary

Blood clots often occur in the legs and the lungs, with up to 25,000 deaths every year in the UK from clots following a stay in hospital, with immobility, surgery and general ill health thought to be some of the reasons why these clots occur. Some people are at a very high risk of having a second clot, and the risk is highest in those people for whom no obvious cause for the clot can be found. Patients can develop problems with circulation, known as post-thrombotic syndrome. We do not know how to identify those people who will go on to have a further clot, and treatment of the first clot with blood-thinning drugs is usually stopped after 3 to 6 months. One reason why treatment is not continued is that the blood-thinning drugs can cause problems with bleeding. This research looked at different ways to prevent and treat clots in patients in whom there is no obvious cause for the clot.

The first work package looked at whether or not it is possible to stop further blood clots by increasing the duration of treatment with blood-thinning drugs. This work package also aimed to find out if we could identify those at the highest risk of developing post-thrombotic syndrome, experiencing swelling of the legs and, at worst, developing leg ulcers. We found that, by extending treatment with blood thinners for 2 years, it is possible to reduce the number of patients developing further clots, with a small increase in bleeding. The longer treatment did not prevent development of post-thrombotic syndrome. Patients preferred to be treated for longer.

The second work package aimed to understand what patients and health-care professionals know and understand about providing treatment to prevent blood clots, and whether or not there are any barriers to implementing this treatment. We identified five areas where improvements could be made: communication, knowledge, role of primary care, education and training, and barriers to patient adherence.

The third work package identified the most cost-effective ways of treating clots and stopping further clots. We concluded that extending treatment is cost-effective and results in better patient outcomes.

Programme Grants for Applied Research

ISSN 2050-4322 (Print)

ISSN 2050-4330 (Online)

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Editorial contact: journals.library@nihr.ac.uk

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This report

The research reported in this issue of the journal was funded by PGfAR as project number RP-PG-0608-10073. The contractual start date was in April 2010. The final report began editorial review in March 2018 and was accepted for publication in December 2019. As the funder, the PGfAR programme agreed the research questions and study designs in advance with the investigators. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The PGfAR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, CCF, NETSCC, PGfAR or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the PGfAR programme or the Department of Health and Social Care.

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