

DVT Treatment

Medication Options:

For objectively confirmed deep vein thrombosis (DVT) the American College of Chest Physicians (ACCP) recommends short-term treatment with subcutaneous (SC) low molecular weight heparin (LMWH), unfractionated heparin (UFH), fondaparinux, or alternatively, IV UFH (all Grade 1A Hirsh).

Duration of treatment with heparin—low molecular weight or unfractionated, or fondaparinux

In acute DVT, ACCP recommends initial treatment with low molecular weight heparin, fondaparinux or unfractionated heparin for at least 5 days and until the INR is ≥ 2.0 for 24 hours (Grade 1C Hirsh).

Initiation of warfarin

In patients with acute DVT, ACCP recommends initiation of a vitamin K antagonist (VKA) together with LMWH, fondaparinux, or UFH on the first treatment day rather than delayed initiation of VKA (Grade 1A Hirsh).

Duration of treatment with warfarin for acute DVT of the leg:

For patients with DVT secondary to a transient (reversible) risk factor, ACCP recommends treatment with a VKA for 3 months over treatments for shorter periods (Grade 1A Hirsh).

For patients with unprovoked DVT, ACCP recommends treatment with a VKA for at least 3 months (Grade 1A Hirsh). ACCP recommends that after 3 months of anticoagulant therapy, all patients with unprovoked DVT should be evaluated for the risk-benefit ratio of long term therapy (Grade 1C Hirsh). For patients with a first unprovoked Venous Thromboembolism (VTE) that is a proximal DVT, and in whom risk factors for bleeding are absent and for whom good anticoagulant monitoring is achievable, ACCP recommends long-term treatment (Grade 1A Hirsh). For patients with the second episode of unprovoked VTE, ACCP recommends long-term treatment (Grade 1A Hirsh).

Intensity

In patients with DVT, ACCP recommends that the dose of VKA be adjusted to maintain a target INR of 2.5 (INR range 2.0 to 3.0) for all treatment durations. (Grade 1A Hirsh).

Pulmonary Embolus Treatment

For patients with objectively confirmed pulmonary embolus (PE), ACCP recommends short-term treatment with SC LMWH, UFH, fondaparinux or IV UFH (all Grade 1A Hirsh). For patients with evidence of hemodynamic compromise, ACCP recommends use of thrombolytic therapy unless there are major contraindications owing to bleeding risk (Grade 1B Hirsh). For the intensity of treatment for PE, the recommendations and grades are the same as those listed for DVT. For patients with a first unprovoked episode of VTE that is a PE, and in whom risk factors for bleeding are absent and for whom good anticoagulant monitoring is achievable, ACCP recommends long-term treatment (Grade 1A Hirsh). For patients with the second episode of unprovoked VTE, ACCP recommends long-term treatment (Grade 1A Hirsh).

For situations not covered above, please refer to the article listed below.

Hirsch, Jack, MD. et al., "Antithrombotic and Thrombolytic Therapy; American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, 8th Ed., Executive Summary." *Chest* 2008; 133:71S-105S

Key Grade 1 Strong Recommendation, Grade 2 Weak recommendation
High-quality evidence A, Moderate-quality evidence B, Low-quality evidence C