

# NEWS

## Colleges call for screening of all hospital patients to cut toll from venous thromboembolism

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Royal colleges have backed the current UK National Institute for Health and Clinical Excellence (NICE) guidelines on preventing venous thromboembolism, saying that every hospital patient must be screened.

The Royal College of Physicians, Academy of Medical Royal Colleges, Royal College of Midwives, Royal College of Nursing, and the Royal Pharmaceutical Society have reviewed the evidence and put out a joint position statement backing the current NICE guidelines on preventing hospital acquired venous thromboembolism.

The Royal College of Physicians said that 94% of hospital patients are now being screened for venous thromboembolism, which is encouraging, but it would like to get the figure to 100%. Its president, Richard Thompson, said, "Screening should be a routine part of practice, and robust systems [should be] put into place at every hospital so that patients at risk of VTE do not slip through the net."

NICE's clinical guideline on venous thromboembolism, published in January 2010, recommended that all patients be assessed on admission to identify those who are at increased risk of venous thromboembolism.<sup>1</sup> Patients identified as being at risk should be given pharmacological prophylaxis such as low molecular weight heparin or mechanical prophylaxis.

In 2005 a report by the House of Commons health select committee estimated that 25 000 avoidable deaths occur every year in the United Kingdom from hospital acquired venous thromboembolism. However, this figure has never been substantiated. The NICE guidance was criticised in an article in the *BMJ* for not being based on evidence and for inflating the scale of the problem.<sup>2</sup> And in December 2011 the guidance came under further scrutiny after the publication of the

LIFENOX trial.<sup>3</sup> This study, published in the *New England Journal of Medicine*, compared a low molecular weight heparin (enoxaparin) with placebo in 8307 acutely ill medical patients who were all given graded compression stockings. The study did not find any significant differences in mortality from all causes at 30 and 90 days.

However, the four professions' position statement says that this study was underpowered to show a between-group difference in mortality. The statement says that the mortality figures at 90 days showed an absolute risk reduction of 0.2%, which still supports the premise of a small reduction in mortality, albeit very weakly. The statement says: "It is clear that recent evidence, once quality assessed, will not change existing recommendations for VTE risk assessment of medical patients."

NICE is to undertake a formal review of the evidence to date in early 2013.

Terence Stephenson, chairman of the Academy of Medical Royal Colleges, said, "VTE remains a huge issue and is a major cause of death in hospitals. It is vital that all clinical staff are following the most up to date and effective clinical practice to tackle VTE. In light of recent studies we remain certain that the NICE guidelines are the most appropriate to follow."

- 1 National Institute for Health and Clinical Excellence. Venous thromboembolism: reducing the risk. CG 92, Jan 2010. [www.nice.org.uk/nicemedia/live/12695/47195/47195.pdf](http://www.nice.org.uk/nicemedia/live/12695/47195/47195.pdf).
- 2 Welfare M. NICE's recommendations for thromboembolism are not evidence based. *BMJ* 2011;343:d6452.
- 3 Kakkar AK, Cimminiello C, Goldhaber SZ, Parakh R, Wang C, Bergmann JF, et al. Low-molecular-weight heparin and mortality in acutely ill medical patients. *N Engl J Med* 2011;365:2463-72.

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