

LETTERS

NICE ON THROMBOEMBOLISM

Challenging the evidence for graduated compression stockings

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Welfare highlights important points surrounding the recommended use of anticoagulants to prevent venous thromboembolism (VTE).¹ We highlight problems surrounding National Institute for Health and Care Excellence (NICE) recommendations that all hospital inpatients, excluding those with stroke, are considered for mechanical prophylaxis. This is most commonly translated as graduated compression stockings.² These recommendations were based on a Cochrane review³ and a trial in patients with stroke.⁴

Cochrane included 18 small trials (18-152 patients) of medical and surgical patients. Two large trials were excluded, one in 2518 patients with stroke,⁴ and one in 874 orthopaedic patients.⁵ Reasons for exclusion were too specific a population and too pragmatic a study, respectively—neither trial supported the use of compression stockings. In six of the 18 trials, the stocking was applied to one leg only, with the other leg as control. All 18 included trials detected VTE radiologically, but it is unclear whether patients had symptoms. Also, Cochrane identified only 10 of the 14 trials (of 18) that had received support from stocking manufacturers. Furthermore, the authors parted from Cochrane guidelines when producing their funnel plot and on this basis concluded that no publication bias was present. We repeated the exercise using the guidelines and our findings were different (figure online).

NICE included one of the studies rejected by Cochrane,⁴ which formed the basis of advising against stockings in patients with stroke. NICE does not comment whether this conclusion might apply to the medical patients included in the other studies, or

whether the inclusion of that study in the statistical analysis would have modified its conclusion.

NICE and Cochrane acknowledge their analyses are not statistically powerful enough to detect differences in mortality. We believe that NICE's recommendations on compression stockings should be reviewed and should not prevent more research to establish their validity. The cost associated with these measures is considerable and the benefits uncertain.

Competing interests: None declared.

Full response with figure at www.bmj.com/content/343/bmj.d6452/rr/647011.

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