RECOMMENDATIONS FOR DURATION OF ANTICOAGULANT THERAPY FOLLOWING VTE

This algorithm is intended as a general guidance, not a protocol, for determining the duration of anticoagulant therapy for adult patients with VTE. Patient values and preferences should be considered throughout the shared decision-making process.  

**PROVOKED VTE**
- VTE provoked by a reversible surgical (<30-90 days) or non-surgical trigger [including trauma, injury, estrogen, pregnancy, recent hospitalization (<30-90 days)]

**STOP AFTER 3 MONTHS**

**UNPROVOKED VTE**
- VTE occurring in the absence of a reversible trigger [hypercoagulability testing is not indicated at initial presentation]

**DISTAL/CAF DVT**

**LOW BLEEDING RISK**
- **STOP**
- Through shared decision making, patient prefers to continue therapy
- **INDEFINITE THERAPY**

**PROXIMAL DVT OR PE**

**HIGH BLEEDING RISK**
- **STOP**
- Consider ASA 81 mg QD if no contraindication

**INDEFINITE THERAPY**
- or until malignancy is resolved [LMWH preferred over oral agents for the first 3 months]

**CANCER-ASSOCIATED VTE**
- VTE occurring in a patient with active malignancy, regardless of the presence or absence of a triggering event

**INDEFINITE THERAPY**

**INDEFINITE THERAPY**
- a. review long-term risk vs benefit on an ongoing basis
- b. consider alternative anticoagulants vs warfarin for long term therapy

**SEE PAGE 2**

**RECURRENT EVENT**

**INDEFINITE THERAPY**

**FIRST EVENT**

**THROUGH SHARED DECISION MAKING, PATIENT PREFERENCES TO CONTINUE THERAPY**

**THROUGH SHARED DECISION MAKING, PATIENT PREFERENCES TO STOP THERAPY**

**STOP AFTER 3 MONTHS**

**Consider ASA 81 mg QD if no contraindication**
FACTORS ASSOCIATED WITH HIGH BLEEDING RISK

- advanced age
- moderate to severe renal impairment
- concomitant anti-platelet therapy
- low time-in-range if on warfarin
- poorly controlled HTN
- hepatic impairment
- Substance abuse

FACTORS ASSOCIATED WITH INCREASED RISK OF RECURRENT VTE

- Elevated d-dimer one month after stopping oral anticoagulant therapy
- Male sex, regardless of d-dimer one month after stopping oral anticoagulant therapy
- Proximal (vs distal) DVT
- PE (vs DVT)
- Obesity
- Active malignancy +/- active cancer treatment
- Symptomatic post-thrombotic syndrome
- Ongoing use of hormone replacement therapy or oral contraceptives
- Presence of IVC filter
- Chronic thromboembolic pulmonary hypertension

ROLE OF HYPERCOAGULABILITY TESTING

- Not indicated at initial presentation of VTE
- Consider in patients with thrombosis at a young age, history of thrombosis in first degree relatives or thrombosis in an unusual location
- Hematology consultation recommended

ROLE OF REPEAT DUPLEX ULTRASONOGRAPHY

- Not recommended for provoked thrombosis
- Not recommended to establish risk of recurrence or duration of therapy
- May be useful to establish a “baseline” against which future studies can be compared if/when the patient has a suspected recurrence in the same leg

SEE BLEEDING RISK ASSESSMENT TOOLS

at depts.washington.edu/anticoag

NOTE: available scoring systems were developed in pts with atrial fibrillation on vitamin K antagonist therapy