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Use of DOACs after 5 Days of LMWH in VTE Management: Real-World Adherence to Trial Protocols in Internal Medicine Unit

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Background and Aims: Direct oral anticoagulants (DOACs) are a cornerstone in the treatment of venous thromboembolism (VTE). Trials specify distinct initiation protocols: edoxaban and dabigatran require ≥ 5 days of low-molecular-weight heparin (LMWH), while apixaban and rivaroxaban allow direct initiation with loading. This study evaluates real-world adherence to these regimens in a Internal Medicine Unit.

Materials/Patients and Methods: We conducted a retrospective study on 62 patients with deep vein thrombosis (DVT) or pulmonary embolism (PE), treated between July 2024 and May 2025. All received ≥ 5 days of LMWH before switching to a DOAC. Prescriptions were assessed for adherence to trials [1].

Results: 48% (n=29) of patients received a DOAC in a non-adherent manner—mostly apixaban or rivaroxaban after LMWH

without the appropriate loading phase. In this subgroup, VTE recurrence occurred in 3 patients (10%) versus 1 of 33 adherent patients (3.1%). Minor bleeding occurred in 2 non-adherent patients (6.7%) vs 1 adherent (3.1%).

Discussion: These findings align with recent real-world studies showing increased thrombotic risk in cases of protocol deviation. Educational efforts and standardized care pathways are needed to promote adherence in internal medicine settings.

References

1. Victoria Speed, Vivian Auyeung, Jignesh P Patel, Derek Cooper, Stephen Miller, et al. (2021) Adherence to rivaroxaban for the treatment of venous thromboembolism: results from the FIRST registry. *J Thromb Haemost* 19: 2802-2812.

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