Discontinuation of therapy

A total of 9488 patients were eligible for this analysis

Obese patients have a lower mortality risk compared to patients with a normal BMI

The unadjusted rate of all VTE events from 415 sites in 28 countries

CONCLUSIONS

Anticoagulation in VTE varied according to BMI

Obese patients have a lower mortality risk compared to patients with a normal BMI, and were less likely to receive parenteral anticoagulants

Obese patients in classes I-II receiving parenteral anticoagulants had a higher mortality risk than those receiving VKAs or DOACs

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REFERENCES

Table 2. Unadjusted event rates and 95% confidence interval for BMI categories

Table 3. Adjusted hazard ratios according to BMI

Table 4. Unadjusted event rates and 95% confidence interval for obesity classes

Figure 2. Anticoagulation Patterns

2 Year Clinical Outcomes According to BMI

2. War Anticoagulation Patterns

At baseline, obese patients were less likely to receive parenteral therapy (PAR) alone compared with those with a normal BMI (Figure 2)

Discontinuation of therapy was more frequent in patients with a normal BMI than in obese patients

Figure 1. Study flow chart

Table 1. Baseline demographics

Study Design and Patient Demographics

Between May 2014 and January 2017, 10364 patients with objectively confirmed VTE were enrolled in GARFIELD-VE from 415 sites in 28 countries

A total of 9488 patients were eligible for this analysis

Patient characteristics are summarized in Table 1.

RESULTS

METHODS

Eligible patients (218 years) required a confirmed diagnosis of primary or recurrent VTE within 30 days of entry into the study and a BMI measurement at baseline.

The study was approved by individual ethics committees at participating sites. Patients provided written consent.

BACKGROUND

Venous thromboembolism (VTE) is associated with long-term risk of recurrent VTE and major bleeding

There is limited information on the influence of body mass index (BMI) on anticoagulation patterns and long-term outcomes in VTE patients

GARFIELD-VE is a non-interventional prospective observational study of VTE outcomes and therapy

Goal: Investgate the association of BMI with treatment patterns and 2-year outcomes in VTE patients.

Influence of Body Mass Index on Outcomes in Patients with Venous Thromboembolism: Insights from GARFIELD-VE


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Mortality

Mortality

Figure 3. Relative risk and 95% confidence intervals as a function of BMI and treatment at baseline

1. Discontinuation of therapy was more frequent in patients with a normal BMI than in obese patients

2. The relative risk of all-cause mortality is higher for PAR users compared to VKAs or DOACs. The interaction between BMI and treatment is not significant (p=0.2295) (Figure 3).

3. Relative risk and 95% confidence intervals as a

4. Relative risk and 95% confidence intervals as a