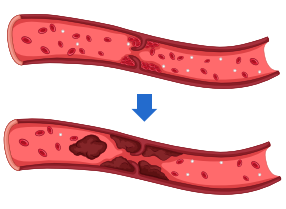
WORLD THROMBOSIS DAY
13 OCTOBER

Prolonged and elevated risk of thrombosis in patients post-hospitalization for respiratory infection

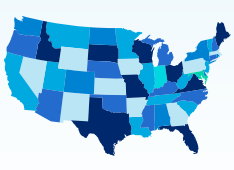
Respiratory infections

2.4 million deaths each year[1]

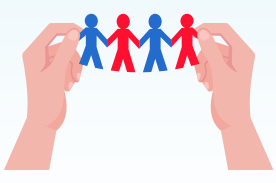


Substantial risk for thrombosis[2-3]

A RETROSPECTIVE CASE-CONTROL STUDY UTILIZED A LARGE NATIONAL DATASET OF HOSPITALIZED PATIENTS (N=12,240,978*) REPRESENTING[4]



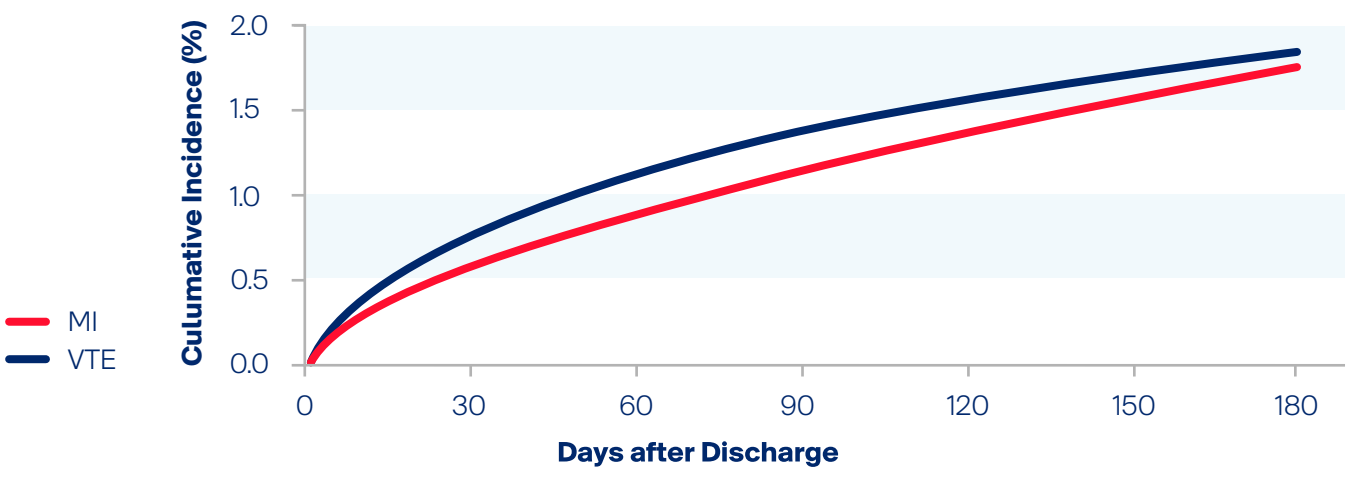
22 states



51.2% of the US population

49.3% of all US hospitalizations

CUMULATIVE READMISSION RATES FOR MI AND VTE POST HOSPITAL DISCHARGE FOR RESPIRATORY INFECTION [4]



NUMBER AT RISK	3,386,970	3,342,934	3,311,476	3,289,654	3,273,236	3,259,120	3,246,991

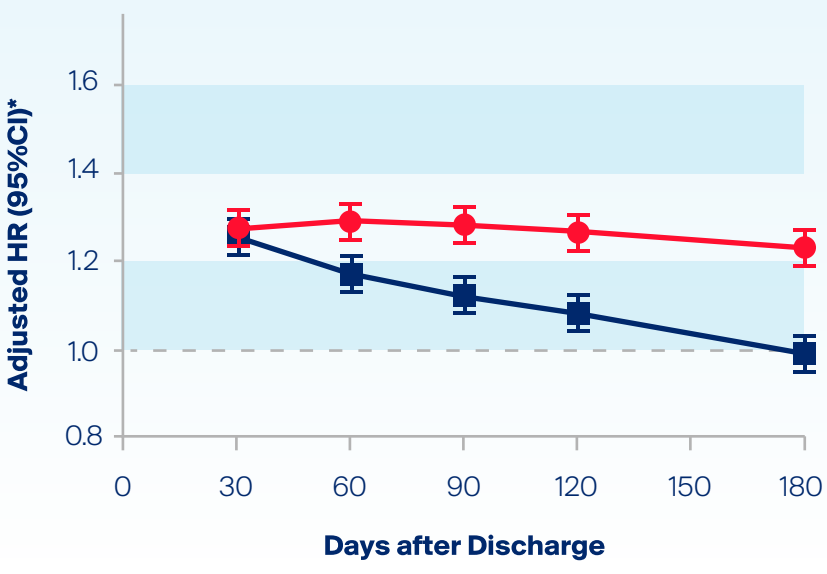
Adapted from Smilowitz NR, et al. Sci Rep. 2021.

After discharge for respiratory infection, patients were **readmitted with MI (0.56%) and VTE (0.78%) during the first 30 days**. The cumulative incidence readmission reached **1.49% (MI) and 1.65% (VTE) by 180 days**.[4]

RESPIRATORY INFECTION WAS ASSOCIATED WITH A GREATER RISK OF MI AND VTE READMISSION[4]

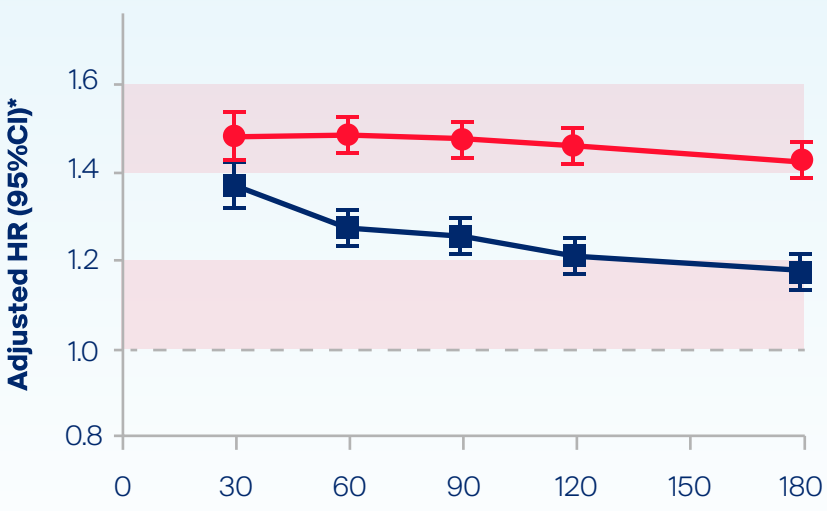
RISK OF 30-DAY READMISSION FOR VTE

was **1.26 to 1.28 times** higher in those with cellulitis and asthma (aHR 1.26, 95% CI 1.22–1.30; aHR 1.28, 95% CI 1.24–1.33, respectively)[4]



RISK OF 30-DAY READMISSION FOR MI

was **1.36 to 1.48 times** higher in those with cellulitis and asthma (aHR 1.36, 95% CI 1.31–1.41; aHR 1.48, 95% CI 1.42–1.54, respectively)[4]



Adapted from Smilowitz NR, et al. Sci Rep. 2021.

THE INDIVIDUAL RISK OF THROMBOTIC EVENTS INCREASED SIGNIFICANTLY AFTER HOSPITALIZATION DUE TO A RESPIRATORY INFECTION[4]

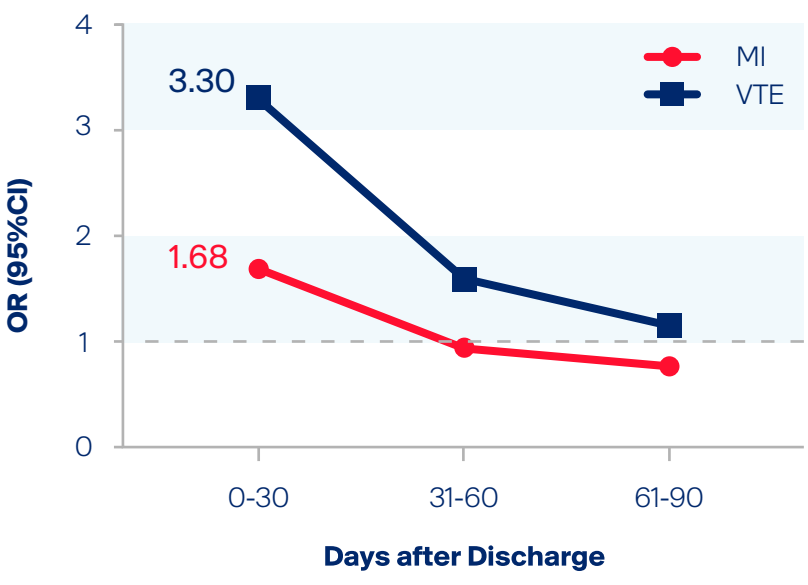
Odds of hospitalization for a thrombotic event post respiratory infection vs 30-day baseline period prior to infection (Crossover cohort analysis)

RISK OF 30-DAY READMISSION FOR VTE

was **3.3 times higher** than patient's risk prior to the infection (OR 3.30; 95% CI 3.19-3.41)[4]

RISK OF 30-DAY READMISSION FOR MI

was **1.68 higher** than patient's risk prior to the infection (OR 1.68; 95% CI 1.62-1.73)[4]



Adapted from Smilowitz NR, et al. Sci Rep. 2021.

IT IS CRUCIAL TO MANAGE THE RISK OF ARTERIAL AND VENOUS THROMBOSIS AMONG PATIENTS HOSPITALIZED FOR RESPIRATORY INFECTION TO PREVENT MI AND VTE READMISSIONS

Footnotes:

*patient population after including sample weights

Study design:

[4]A retrospective, case-control study in a large nationwide dataset of patients hospitalized in the United States in 2012-2014 (n=12,240,978 after applying sampling weights). Patients hospitalized with non-infectious respiratory disease (asthma, n= 4,067,290) or a non-respiratory skin and soft tissue infection (cellulitis, n= 2,902,620) were selected as comparator (control) groups. Diagnoses (primary, non-primary respiratory infection, asthma, cellulitis) were identified by ICD-9 diagnosis codes.

The primary study outcome was 30-day hospital readmission with AMI or VTE, determined based on methodology described by HCUP. Among patients with multiple MI or VTE readmissions within 30-days of the index hospital discharge, only the first relevant readmission was included for analysis.

Crossover-cohort analysis compared the risk of thrombotic events in the 30-day period after discharge following respiratory infection versus the 30-day period ending 7 days prior to admission for respiratory infection

Abbreviations:

MI, myocardial infarction; AMI, acute myocardial infarction; VTE, venous thromboembolism; aHR, adjusted hazard ratio; CI, confidence interval; OR, odds ratio; HCUP, Healthcare Cost and Utilization Project's

Reference:

1. GBD 2016 Causes of Death Collaborators. Lancet. 2017;390(10100):1151-1210.
2. Bilaloglu, S, et al. JAMA. 2020; 324(8): 799-801.
3. Clayton TC, et al. Int J Epidemiol. 2011; 40(3): 819-27.
4. Smilowitz NR, et al. Sci Rep. 2021;11(1):4053.

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