

Adherence to Venous Thromboembolism Prophylaxis in Hospitalized Patients with Inflammatory Bowel Disease Cared for in a Safety Net Hospital

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BACKGROUND

- Patients with inflammatory bowel disease (IBD) are at 3-fold increased risk for developing venous thromboembolism (VTE) compared with patients without IBD.
- VTE events have been associated with poorer outcomes in IBD patients and carry significant morbidity and mortality.
- Despite guidelines recommending the use of VTE prophylaxis in patients hospitalized with IBD flares, there is minimal data on the VTE prophylaxis adherence rate in underserved IBD patients.

AIMS

- To determine the rates of pharmacologic VTE prophylaxis in flaring IBD patients hospitalized in a safety net hospital
- To determine factors associated with non-adherence.

METHODS

- Retrospective study of IBD patients hospitalized for an IBD flare
- EMR was reviewed to determine if pharmacologic prophylaxis was administered
- A univariate and multivariate logistic regression analysis was performed to determine factors associated with adherence to VTE prophylaxis in this cohort.

RESULTS

Table 1: Patient Demographics and Clinical Characteristics

Number of patients (n = 92)	
Age of first encounter (mean +/- SD)	36.0 ± 12.6
Gender n (%)	
• Male	• 62 (67.4%)
• Female	• 30 (32.6%)
Race n (%)	
• White	• 6 (6.5%)
• Black	• 20 (21.7%)
• Asian/Pacific Islander	• 1 (1.1%)
• Not Reported	• 2 (2.2%)
• Hispanic	• 46 (50.0%)
• Other – Not Hispanic	• 17 (18.5%)
Diagnosis n (%)	
• Crohn’s Disease	• 55 (59.8%)
• Ulcerative colitis	• 37 (40.2%)
Total number of encounters = 178	
Hemoglobin (mean +/- SD)	11.4 ± 2.6
Albumin (mean +/- SD)	3.76 ± 1.22
CRP (mean +/- SD)	49.3 ± 62.7
Disease duration in years (mean +/- SD)	8.18 ± 7.89
Primary service n (%)	
• Non-surgical service	• 168 (94.4%)
• Surgical service	• 10 (5.6%)
Use of biologic n (%)	41 (23.0%)
Use of immunomodulator n (%)	26 (14.6%)
Use of steroids n (%)	110 (61.8%)
Use of mesalamine n (%)	64 (36.0%)

RESULTS

- A total of 178 encounters in 92 individual patients (59.8% CD; 40.2% UC) were evaluated.
- Patient demographics and clinical characteristics are shown in Table 1.
- The overall VTE pharmacologic prophylaxis rate of the total 178 encounters was 45.5% (81 encounters).
- In the multiple logistic regression analysis, being on a primary surgical service was associated with adherence to VTE prophylaxis (OR 12.75 [CI 1.56-104.47], p = 0.02) with a trend towards significance in female patients (OR 0.55 [CI 0.29 - 1.03], p = 0.06)

DISCUSSION

- In IBD patients hospitalized with a flare, adherence to VTE prophylaxis was suboptimal at 45.5%.
- In multivariate analysis, the major predictor of non-adherence to VTE prophylaxis was primary admitting service.
- Quality improvement interventions are needed to improve adherence to VTE prophylaxis and prevent morbidity and mortality in this vulnerable population.

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