

Using the Caprini Risk Score to increase VIE Awareness in the community. The Know Your Score project.

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PURPOSE / OBJECTIVES

Background:

Venous thromboembolism (VTE) is a leading preventable cause of death following surgery or hospitalization. One method for preventing these deaths is performing a thorough risk assessment using the 40-element Caprini risk score (CRS). This score has been validated in more than 5 million patients involving more than 200 publications. The CRS allows high-risk patients to be identified so they can be protected from fatal thrombosis using anticoagulants. Collecting data at the time of illness, injury or emergency surgery is problematic. One solution consists of involving patients in their medical care by completing a risk assessment prior to any injury or hospitalization. This is best done in the presence of family members including relatives. The information can be shared with their personal physician for verification and placement in the permanent medical record.

Aims:

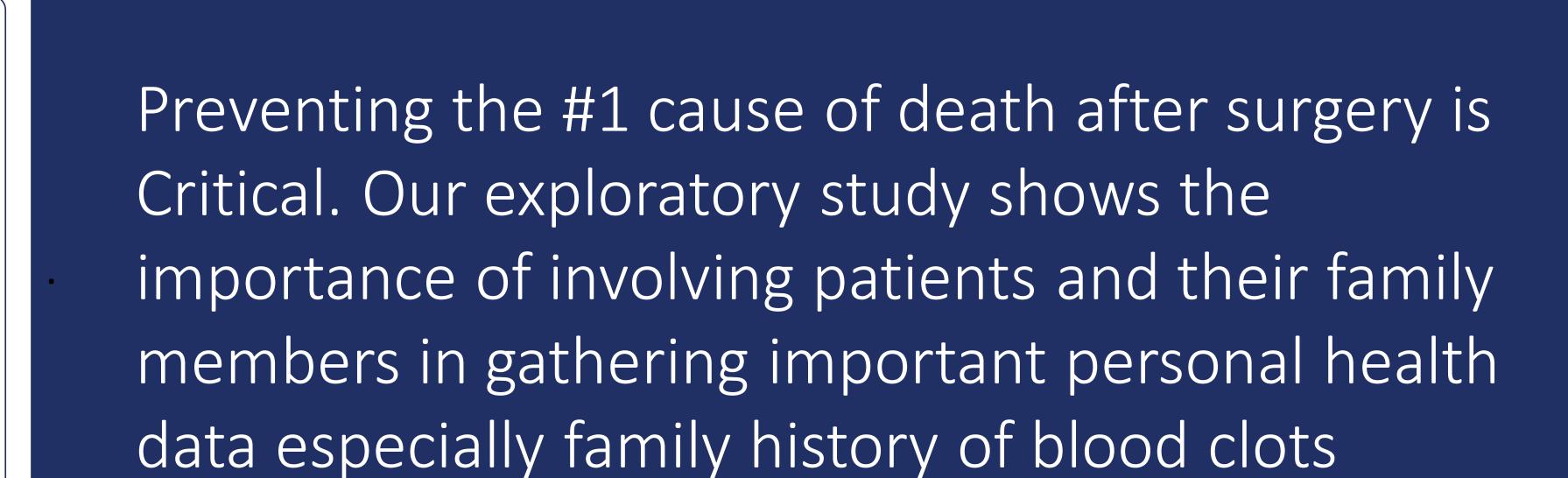
We designed a pilot program involving a unique method of prospective data collection. This educational program is also intended to improve community understanding of VTE (Video 1).

MATERIALS & METHODS

The patient friendly CRS (table1) and a letter describing thrombosis-related epidemiological facts were distributed by two Global Thrombosis Forum high school students (PS & GS) to their classmates and friends. These documents were to be shared among family and other relatives suggesting they complete the risk assessment process. The Global Thrombosis Forum is dedicated to the development of innovative approaches to further education and research programs among young students worldwide.

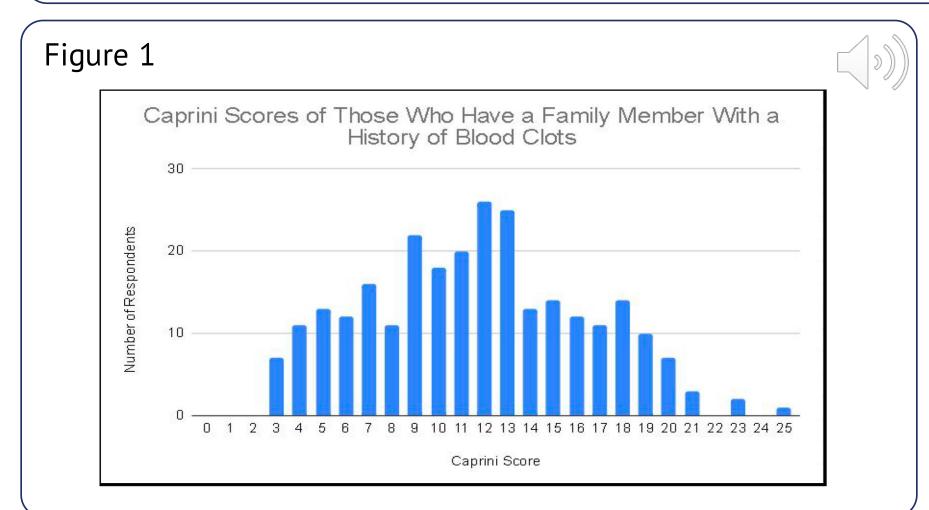
RESULTS

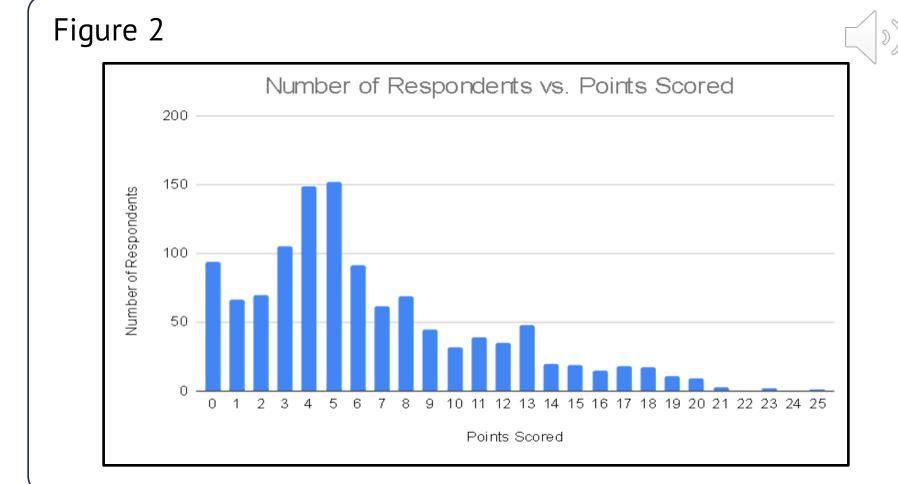
Responses were received from 1,219 individuals including students, friends, family members, and Global Thrombosis Forum residents in Florida, Georgia and Missouri. Family history of blood clots was reported in 22% of respondents (figure 1). Most individuals (59.4%) were 41 years of age or less, and 28% had a BMI > 25 (figure 2). Hospitalization occurred in 10.4%; 9% had insulin dependent diabetes; and swollen legs were present in 10.7% of the respondents. Patients 75 years of age or older had a CRS in the highest risk category of 8+ (figure 3).



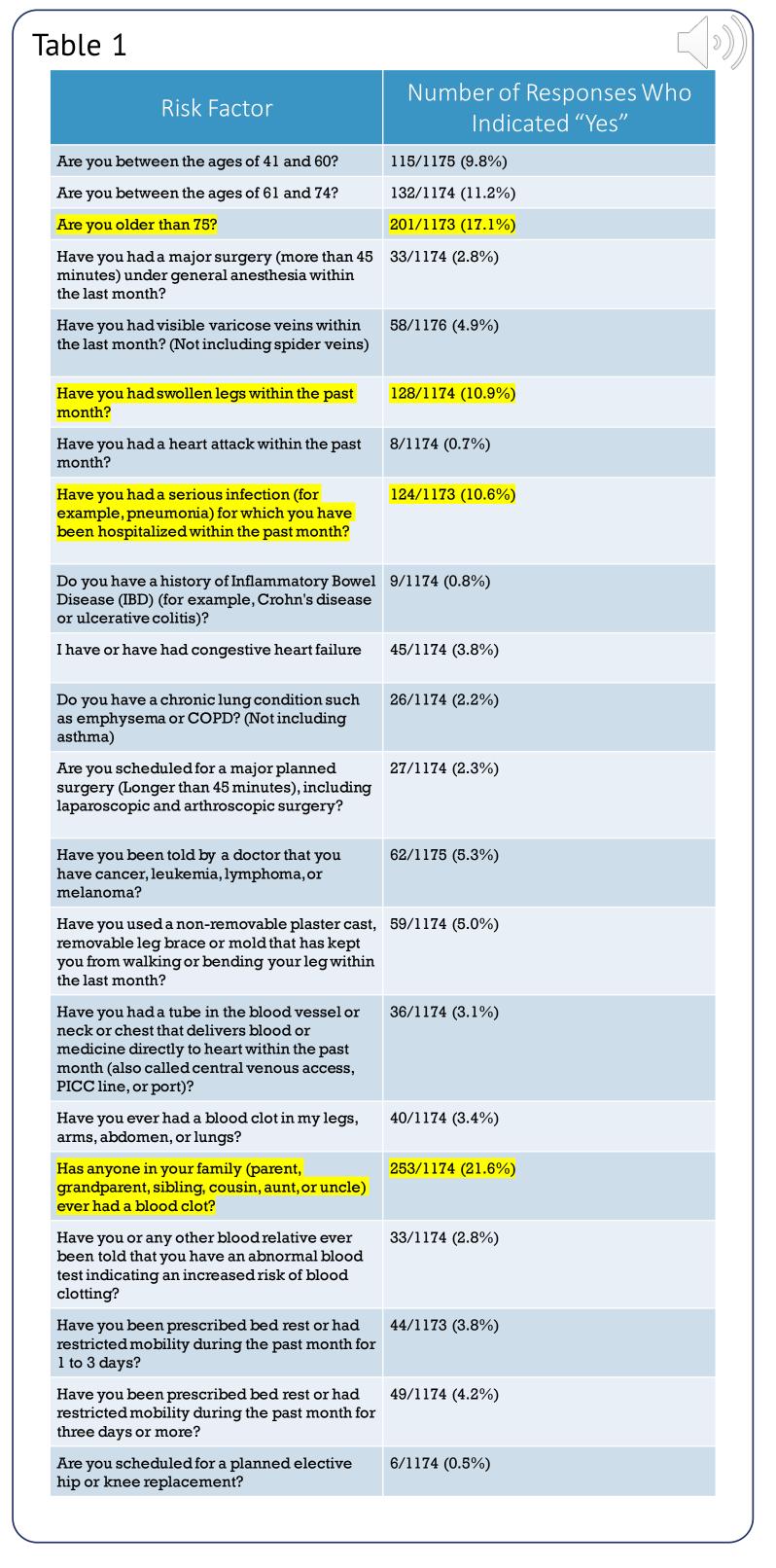
Video 1

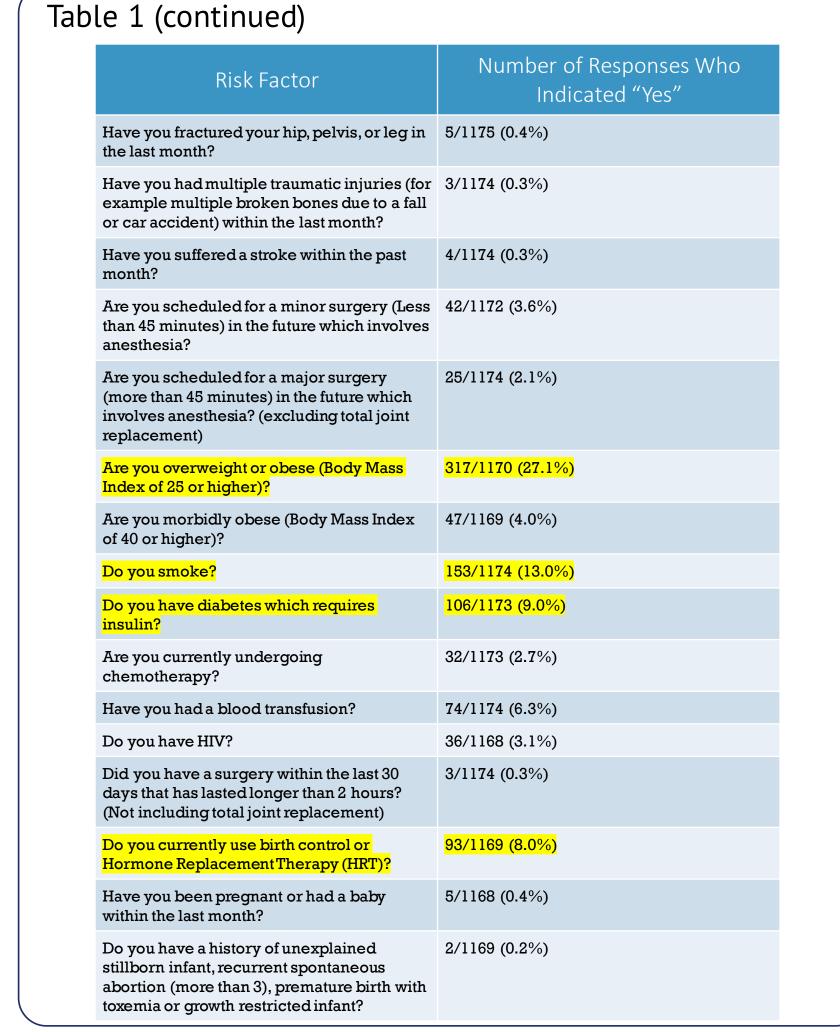


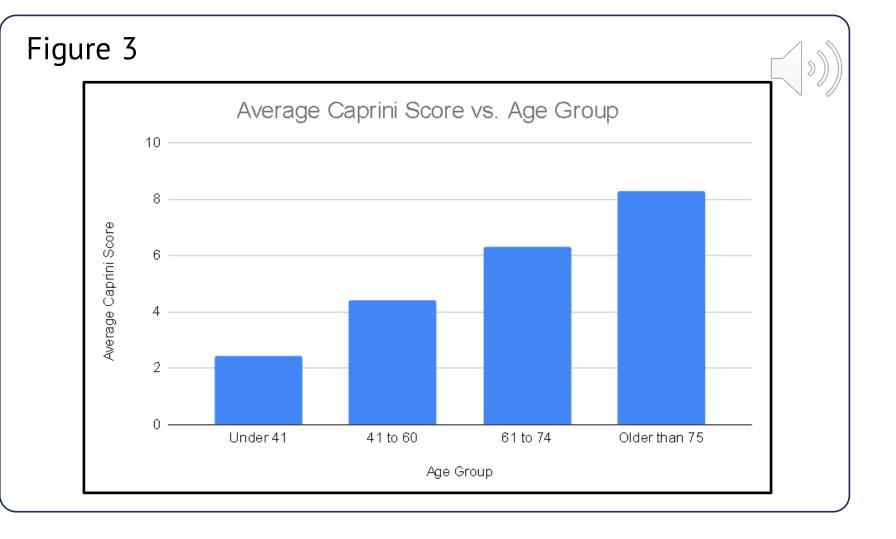




RESULTS







SUMMARY/CONCLUSION

The substantial incidence of important comorbidities seen in this relatively young group of individuals, especially family history of thrombosis, illustrates the value of this method of data collection. The success of this program establishing a baseline CRS for individuals prior to injury, hospitalization, or surgery should result in improved use of thrombosis prophylaxis and lower the death rate from fatal pulmonary emboli.

