



## SESSION 100

# VTE Guidelines Ignore the Lessons of EBM: Snake Oil and Conflict of Interest

Most DVT identified in screening studies of hospitalized patients remain clinically insignificant. These studies markedly overestimate the risk of clinical VTE and the benefit of heparin prophylaxis, yet form the basis of the "Getting Started Kit" recommended by Accreditation Canada to help hospitals develop VTE guidelines. In compliance, most Canadian hospitals have instituted VTE guidelines that vastly over-recommend low molecular weight heparin. Most hospitalized patients have a risk of clinical VTE lower than the bleeding risk from heparin. They should not receive heparin until and unless randomized controlled trials demonstrate more benefit than harm. The author of the Getting Started Kit was restricted from involvement with the latest edition of the American College of Chest Physicians VTE Guidelines because of conflict of interest, including financial ties to six companies that produce anticoagulants. These conflicts of interest were not declared in the Getting Started Kit.

1. State the approximate magnitude of clinical VTE risk in typical hospitalized patients.
2. List the five highly important risk factors that warrant thromboprophylaxis.
3. Describe standard tools of evidence-based medicine tools and apply them to a critical analysis of VTE guidelines.
4. Estimate the magnitude of benefit and harm from low-molecular weight heparin in typical hospitalized patients.
5. Explain why it is critical for real and potential conflicts of interest to be openly declared by academic clinicians and guideline authors.