Primary Care Management of VTE

Venous thromboembolism (VTE) occurs in 2 in 1,000 people every year, with up to 25% of those having a recurrence. In the UK, more than 140,000 people present to primary care each year with suspected symptoms of DVT. The assessment for VTE within primary care using signs and symptoms alone can be difficult and inefficient.

70 - 80% of patients referred for ultrasoundography with suspected deep venous thrombosis (DVT) of the leg do not have the condition.

A point of care D-dimer test has been shown to be associated with a reduction in the need for referral for patients presenting to primary care with suspected DVT. Combining a Wells pre-test probability score and D-dimer test for the assessment of patients presenting with suspected VTE is recommended by NICE.

This approach is associated with a low risk for subsequent venous thromboembolic events.

REFERENCES:
4. NICE Guidance CG144 Venous thromboembolic diseases: June 2012
5. NTAC D-Dimer Testing in Primary Care Implementation Pack.
9. 2013/14 general medical services (GMS) contract quality and outcomes framework (QOF).

Practices can qualify for 28 QOF points by engaging with these three pathways (QP006)

Order Information

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<tr>
<th>Cat No</th>
<th>Description</th>
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Heart Failure?
BNP to aid in the diagnosis of suspected Heart Failure

Deep Vein Thrombosis?
D-dimer to aid in the diagnosis of suspected VTE

Acute Myocardial Infarction?
Troponin I for the investigation of acute chest pain

Alere Triage® MeterPro

Alere Triage® D-Dimer

Clearview® Simplify D-dimer

Effective decision making for patients with suspected VTE

Better information Better decisions Better health
Currently, patients who present to their GP or primary care location with suspected VTE are most likely to follow a pathway which involves referral to secondary care for a D-dimer blood test and/or a proximal leg ultrasound. This may result in delays to treatment, unnecessary referrals and significant patient anxiety.

A point of care D-dimer test provides an immediate result allowing patients to be clinically assessed and signposted within a single visit.

Buller et al demonstrated that combining a diagnostic management strategy and a point of care D-dimer test resulted in a reduction in secondary care referrals of almost 50%. Other impacts of this pathway may include:

- Reduction in unnecessary referrals
- Reduction in waiting times for ultrasound
- Reduced costs
- Improved patient experience

NICE guidance CG144: Venous Thromboembolic Diseases
Diagnostic investigations for deep vein thrombosis

Offer patients in whom DVT is suspected and with a likely two-level DVT Wells score either:
- a proximal leg vein ultrasound scan carried out within 4 hours of being requested, and, if the result is negative, a D-dimer test, or
- a D-dimer test and an interim 24-hour dose of a parenteral anticoagulant if a proximal leg ultrasound scan cannot be carried out within 4 hours and a proximal leg vein ultrasound scan carried out within 24 hours of being requested.

Offer patients in whom PE is suspected and with an unlikely two-level PE Wells score a D-dimer test and if the result is positive proceed according to the guidance.

Eagle Medication

- Health care costs £
- Month

- Reduce referrals to secondary care
- Improve patient experience
- Reduce waiting times for ultrasound
- Reduce costs

- Alere Triage® D-Dimer Test
- Clearview® Simplify D-Dimer Test

- Performance
- Cost
- User friendliness

- Sensitivity of 100% and NPV of 100% for DVT (at the 90% percentile of 400ng/ml)
- Sensitivity of 100% and NPV of 100% for both DVT and PE

- Room temperature storage, small pack sizes and a long shelf life

- Simplify D-Dimer - Detection made simple
- Alere Triage® - Detection made simple

- Applied 2 drops of buffer to the sample well
- Read the result at 15 minutes.
Venous thromboembolism (VTE) occurs in 2 in 1,000 people every year, with up to 25% of those having a recurrence.¹ In the UK, more than 140,000 people present to primary care each year with suspected symptoms of DVT.²

The assessment for VTE within primary care using signs and symptoms alone can be difficult and inefficient. 70 - 80% of patients referred for ultrasoundography with suspected deep venous thrombosis (DVT) of the leg do not have the condition.³

A point of care D-dimer test has been shown to be associated with a reduction in the need for referral for patients presenting to primary care with suspected DVT. Combining a Wells pre-test probability score and D-dimer test for the assessment of patients presenting with suspected VTE is recommended by NICE.⁴ This approach is associated with a low risk for subsequent venous thromboembolic events.⁴

Practices can qualify for 28 QOF points by engaging with these three pathways (QP006)⁶

### Order Information

**Alere Triage® D-Dimer**

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**Clearview® Simplify D-dimer**

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### Better information Better decisions Better health

Alere Ltd
Pepper Road, Hazel Grove, Stockport, SK7 5AW
Tel: +44 (0) 161 483 5884
email: ukcustomer@alere.com
alere.co.uk
Currently, patients who present to their GP or primary care location with suspected VTE are most likely to follow a pathway which involves referral to secondary care for a D-dimer blood test and/or a proximal leg ultrasound.\(^5\)

This may result in delays to treatment, unnecessary referrals and significant patient anxiety.

A point of care D-dimer test provides an immediate result allowing patients to be clinically assessed and signposted within a single visit.

Butler et al demonstrated that combining a diagnostic management strategy and a point of care D-dimer test resulted in a reduction in secondary care referrals of almost 50%.\(^2\)

Other impacts of this pathway may include:
- Reduction in unnecessary referrals\(^5\)
- Reduction in waiting times for ultrasound\(^2,5\)
- Reduced costs\(^5\)
- Improved patient experience\(^5\)

**NICE guidance CG144: Venous Thromboembolic Diseases\(^6\)**

**Diagnostic investigations for deep vein thrombosis**

Offer patients in whom DVT is suspected and with a **likely** two-level DVT Wells score either:
- a proximal vein ultrasound scan carried out within 4 hours of being requested, and, if the result is negative, a D-dimer test, or
- a D-dimer test and an interim 24-hour dose of a parenteral anticoagulant (if a proximal leg ultrasound scan cannot be carried out within 4 hours) and a proximal leg vein ultrasound scan carried out within 24 hours of being requested.

Offer patients in whom PE is suspected and with an **unlikely** two-level PE Wells score a **D-dimer test** and if the result is positive proceed according to the guidance.

---

**Clearview\(^\circledR\) Simplify D-Dimer Test**

- Flexible testing with the option for fingerstick or venous sample
- Easy to read, qualitative results available within 10 minutes
- Built in procedural controls ensure validity of results
- Room temperature storage, small pack sizes and a long shelf life
- Sensitivity of 100% and NPV of 100% for DVT and PE\(^7\)

**Alere Triage\(^\circledR\) D-Dimer Test**

- Performed on the trusted and easy to use Alere Triage\(^\circledR\) MeterPro
- Instrument read result with built in procedural controls to ensure validity of results
- Quantitative result available within 20 minutes
- Venous sample
- Sensitivity of 100% and NPV of 100% for DVT (at the 90% percentile of 400ng/ml)\(^6\)
- Sensitivity of 100% and NPV of both DVT and PE\(^7\)

**Venous sample**

Room temperature storage, small pack sizes and a long shelf life

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**Alere Triage\(^\circledR\) D-Dimer - Detection made simple**

1. Add sample to the device using the transfer pipette included in each kit.
2. Insert the device into the meter.
3. Read the results on the display panel or print directly from the meter.

**Clearview\(^\circledR\) Simplify D-dimer - Detection made simple**

1. Collect sample using a capillary pipette. Only venous and plasma samples can be used.
2. Dispense all the blood in the capillary pipette into the round sample well.
3. Apply 2 drops of buffer to the sample well. Read the result at 10 minutes.
Primary Care Management of VTE

Venous thromboembolism (VTE) occurs in 2 in 1,000 people every year, with up to 25% of those having a recurrence.1 In the UK more than 140,000 people present to primary care each year with suspected symptoms of DVT.2

The assessment for VTE within primary care using signs and symptoms alone can be difficult and inefficient.70 - 80% of patients referred for ultrasonography with suspected deep venous thrombosis (DVT) of the leg do not have the condition.3

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Alere Triage® MeterPro

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