Using the Caprini Risk Score to increase awareness of Venous Thromboembolism Awareness in the Community: Know Your Score II

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Aims and objectives:

1. To assess individual participants’ baseline thrombosis risk scores before injury, illness or hospitalization occur.

2. To increase awareness of VTE in the community regarding thrombosis-related risks.

Background: Venous thromboembolism (VTE) is a condition in which blood clots occur, resulting in a serious morbidity or mortality. A blood clot develops in the legs, arms, or abdomen and a part or the entire thrombus breaks off, traveling to the lungs resulting in Pulmonary Embolism. VTE is a worldwide public health and medical care problem due to a high rate of missed diagnosis. An estimated number of 375,000 to 425,000 cases of VTE diagnosis and treatment cost the U.S. medical system $7 to $10 billion a year. While majority are aware of medical conditions such as heart attack (96.1%), stroke (97.2%), diabetes (98.2%), HIV/AIDS (98.6%), cancer (97.2%) and malaria (98.2%), just a few of the participants are aware of thrombosis (41.5%) and DVT (33.8%). VTE prevention strategies must be implemented at a specific and tailored level of risk. One of the methods for prevention at the level of risk is to perform a thorough risk assessment using the 40-element Caprini Risk Score (CRS). Education of the public regarding VTE and individual personal risk level are important goals for the physician. Once this information is obtained ahead of time, it can be used when a person encounters an accident or in case of emergency or even prior to a planned surgery. The approach to preventing VTE is greatly enhanced knowing the baseline information is contained in their medical record.

The purpose of this study was to know the individual CRS of the respondents so that when an illness or emergency occurs, they can be better prepared to discuss with their physician the approach to preventing a serious or fatal blood clot.

Methods: This quantitative study involved cross-sectional design, convenience samples. Participants tested on their own electronic devices, and the research team was blinded to the identity of the participants. The criteria for inclusion included individuals ages 18 and above who were able to follow the instructions for inclusion criteria.

Results: The mean CRS was 4.93 +/- 3.175. Participants had a CSR of 0-4 (N=460, 49.6%), 5-8 (N=394, 42.5%), and CRS of score 9 and more (N=74, 8.0%). A total 247 (26.6%) participants reported a family blood clot history. A total of 130 (52.6%) participants were less than 40 years old; 324 (34.9%) were women on birth control. Smoking history was reported in 30%, diabetes in 26%, and 17.3% of the participants reported a history of inflammatory bowel disease.

Conclusions: Family history of VTE is important leading to the development of VTE. Identifying the baseline risks prior to illness should lead to better selection of patients requiring thrombosis prophylaxis. The proposed strategy is expected to save several lives by having the CRS handy to the physicians at the time of emergency.