

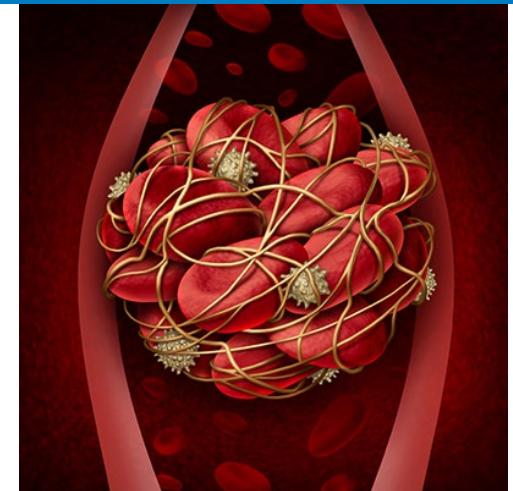
Glucocorticoids treatment and coagulation parameters in patients with a first venous thromboembolism

Data from the MEGA study

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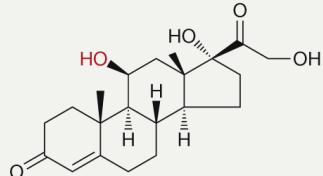
Leiden University Medical Center



Glucocorticoid

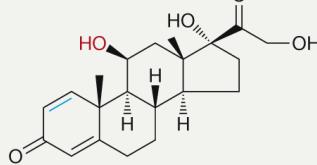
Short acting

Endogenously derived

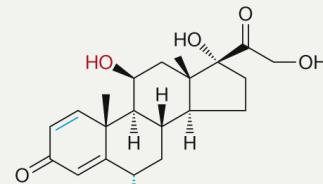


Cortisol (hydrocortisone)

Synthetic derivatives

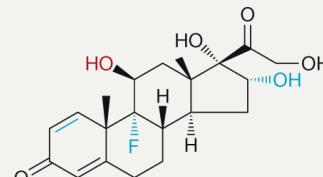


Prednisolone



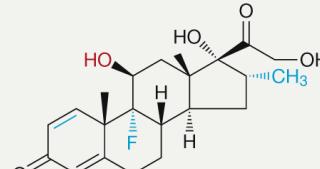
Methylprednisolone

Intermediate acting

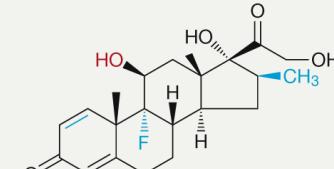


Triamcinolone

Long acting

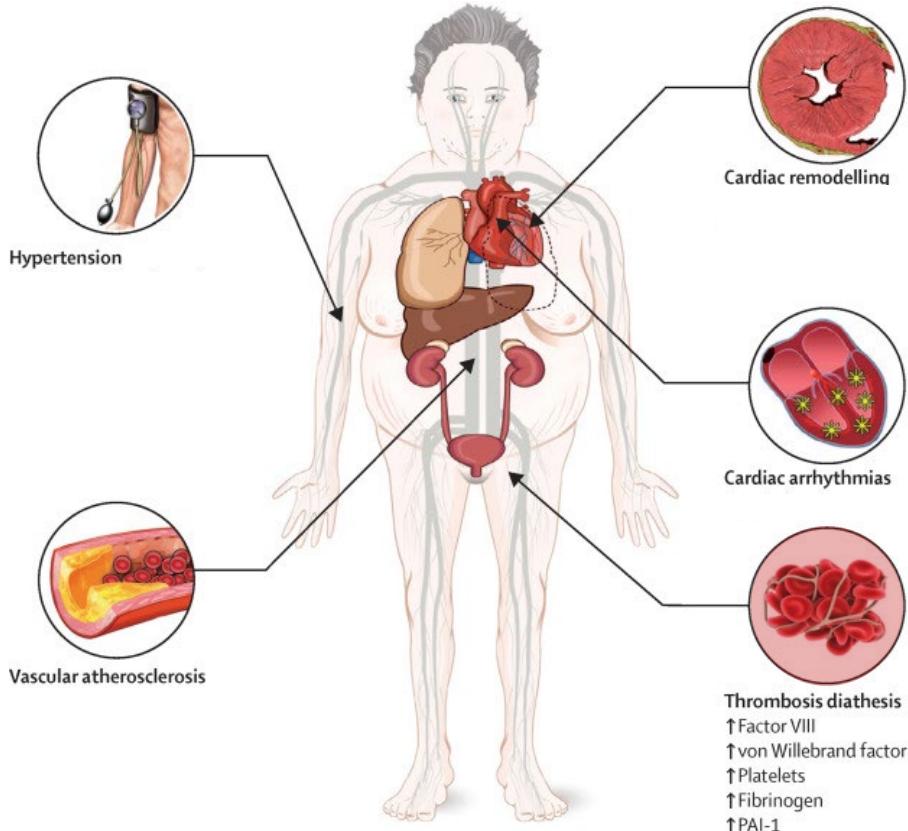


Dexamethasone

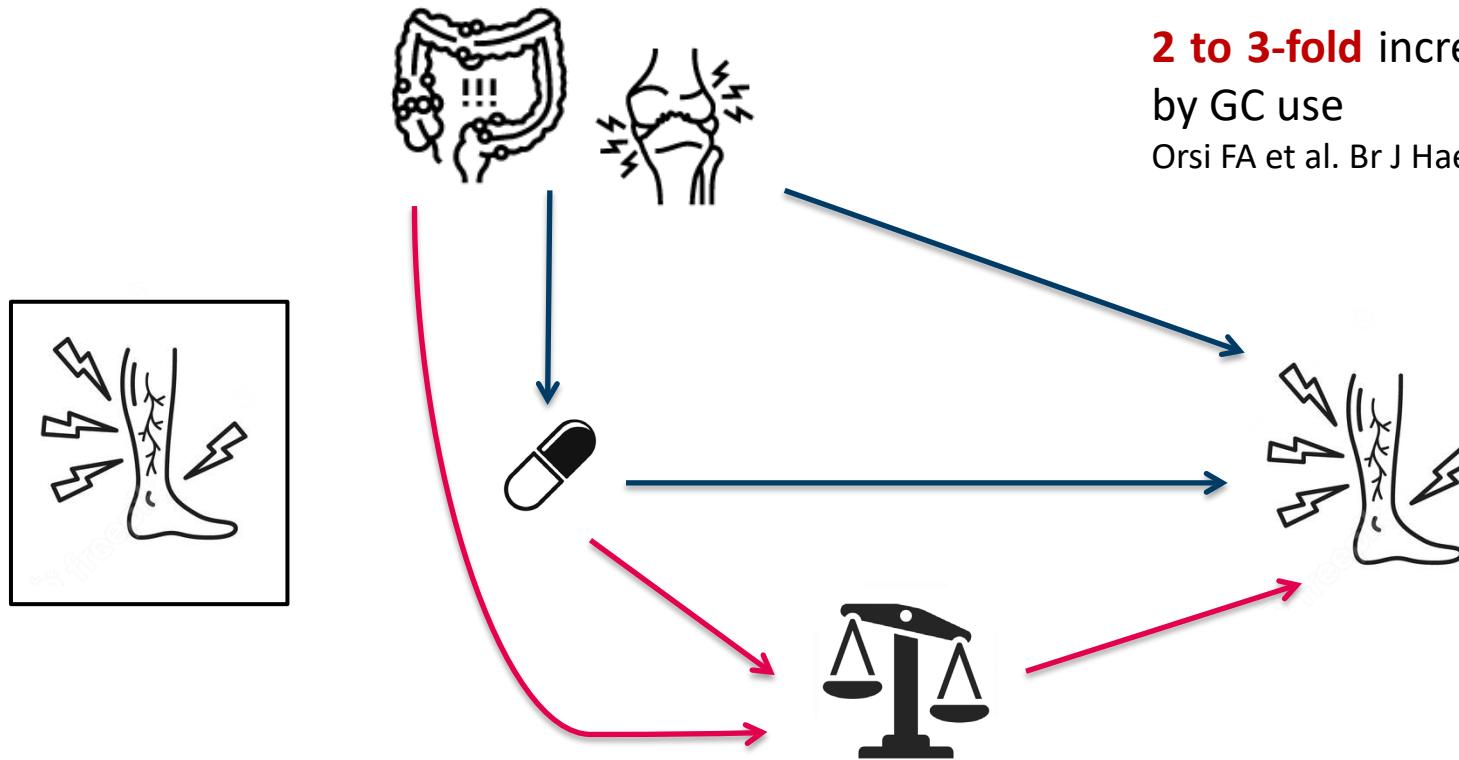


Betamethasone

Glucocorticoid: adverse effects



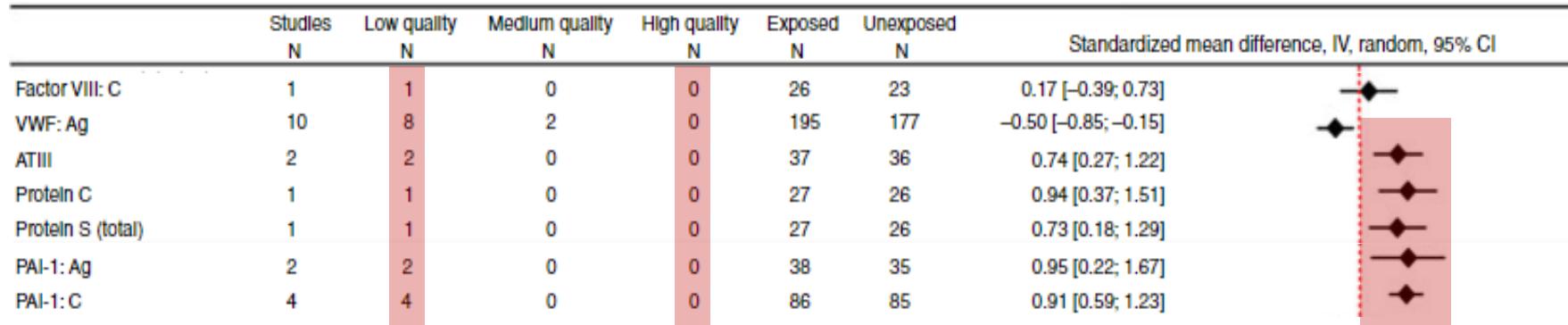
Mechanism of increased risk of VTE



Haemostatic changes during GC use

In patients with endogenous Cushing's syndrome: ↑ FVIII, IX, vWF and PAI-1

For exogenous GC:



Aims

- 1) Differences in coagulation associated with GC treatment in patients with first VTE

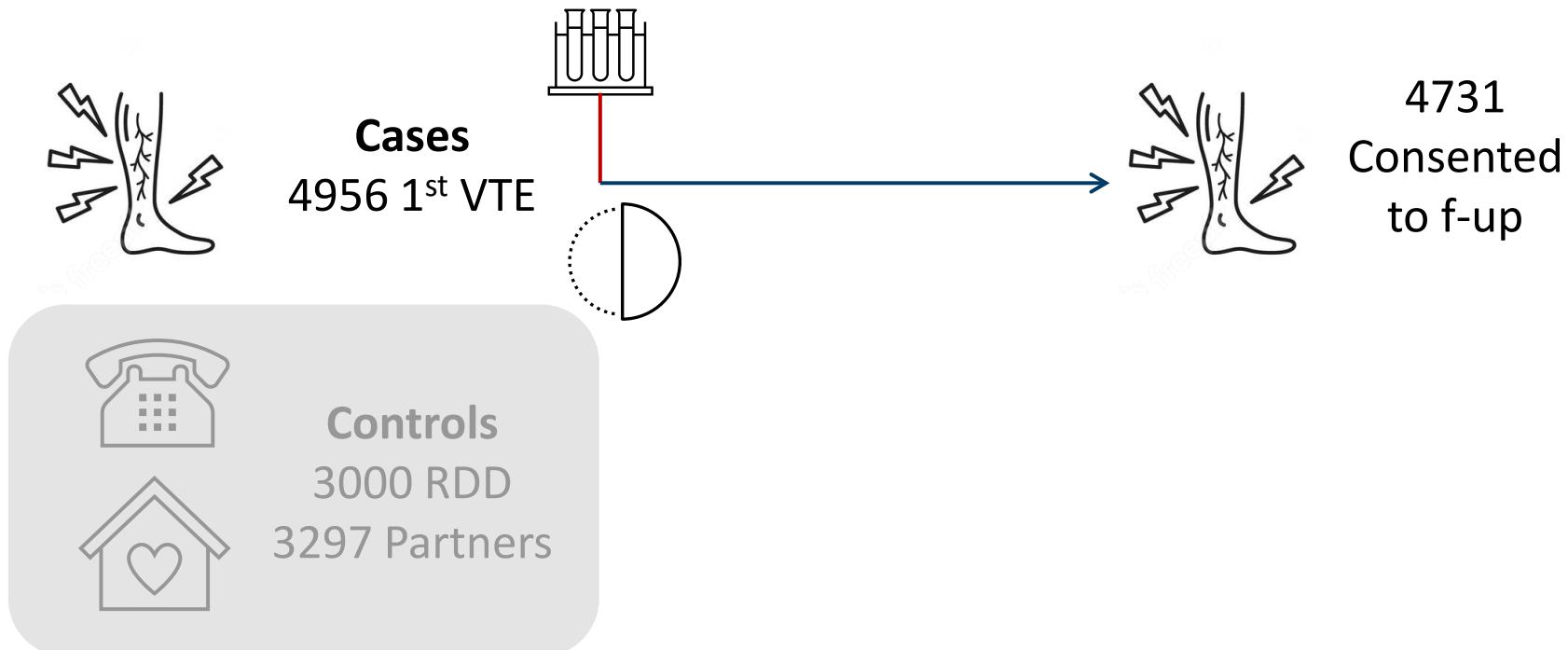


- 2) Role of coagulation in mediating the risk of recurrent VTE in patients treated with GC



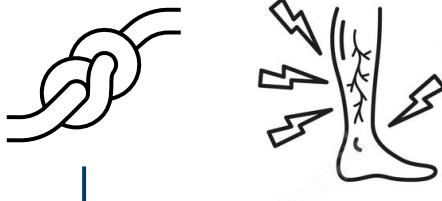
Study population: MEGA study

Case-control study into causes of VTE (1999-2004)

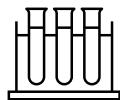


Exposure: GC treatment

Stichting Farmaceutische Kengetallen (SFK)



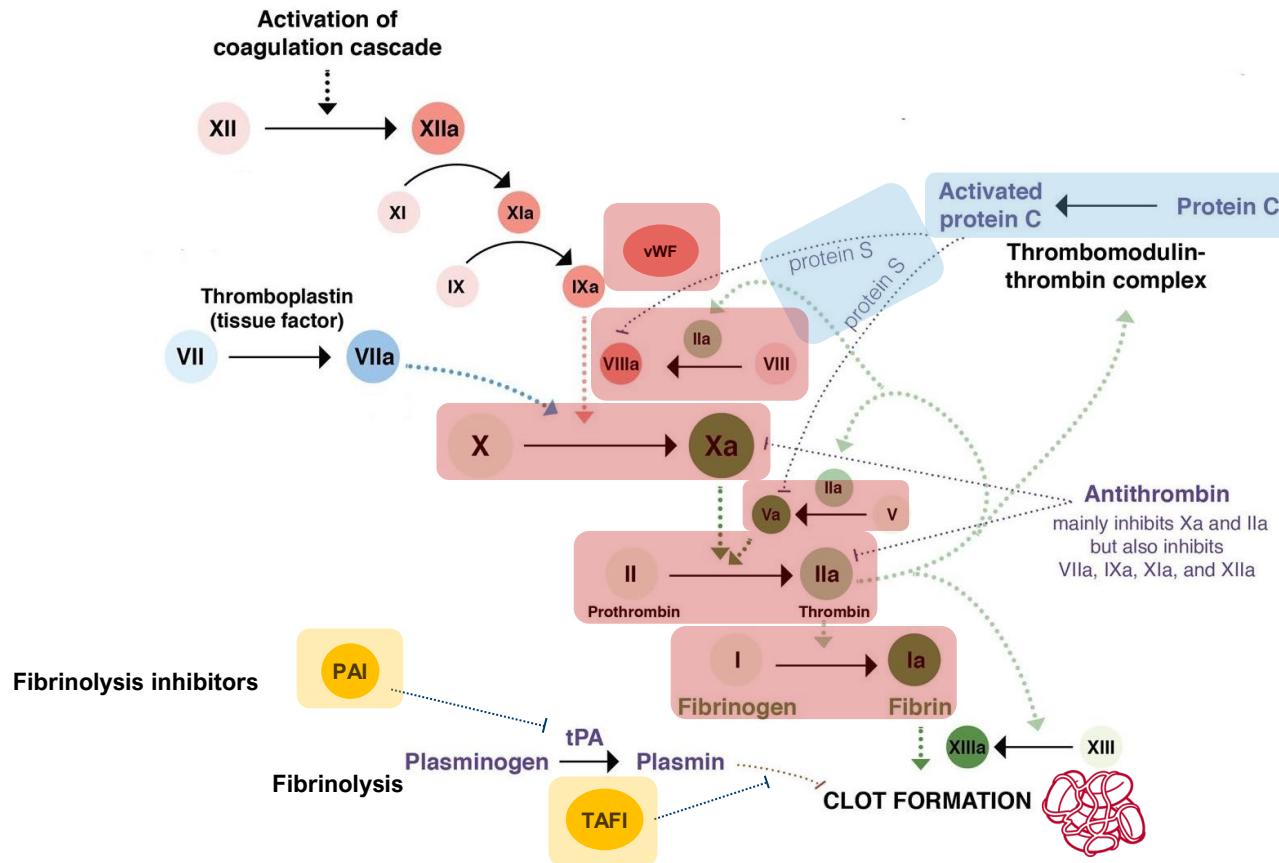
2547 (54%) uniquely linked



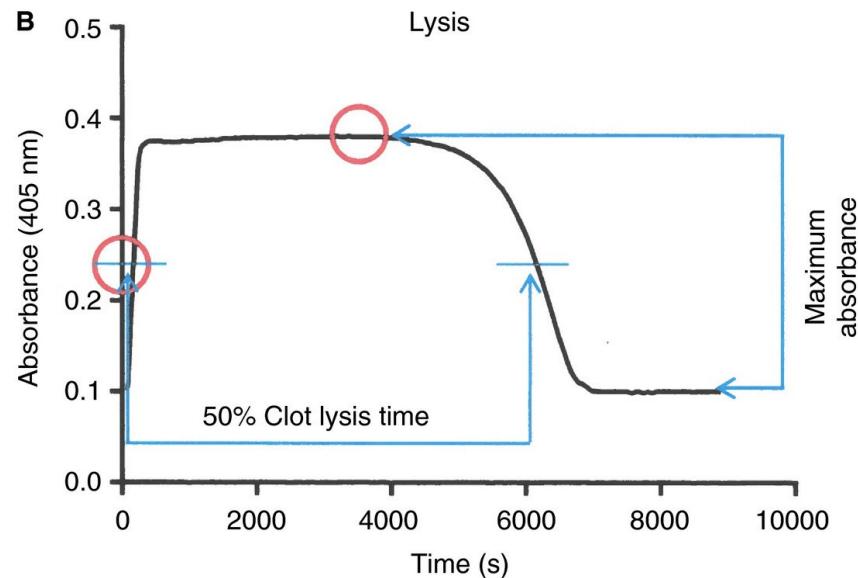
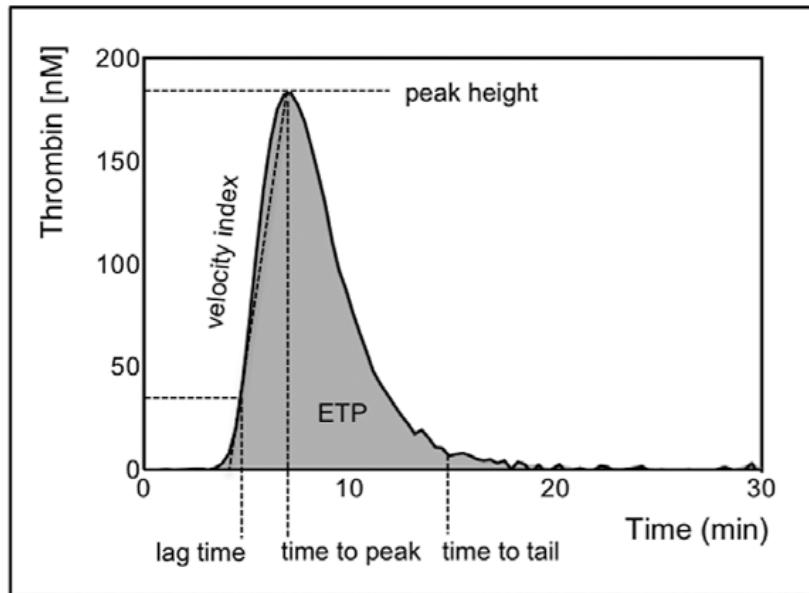
1155 (45%) blood sample

1st aim: methods & results

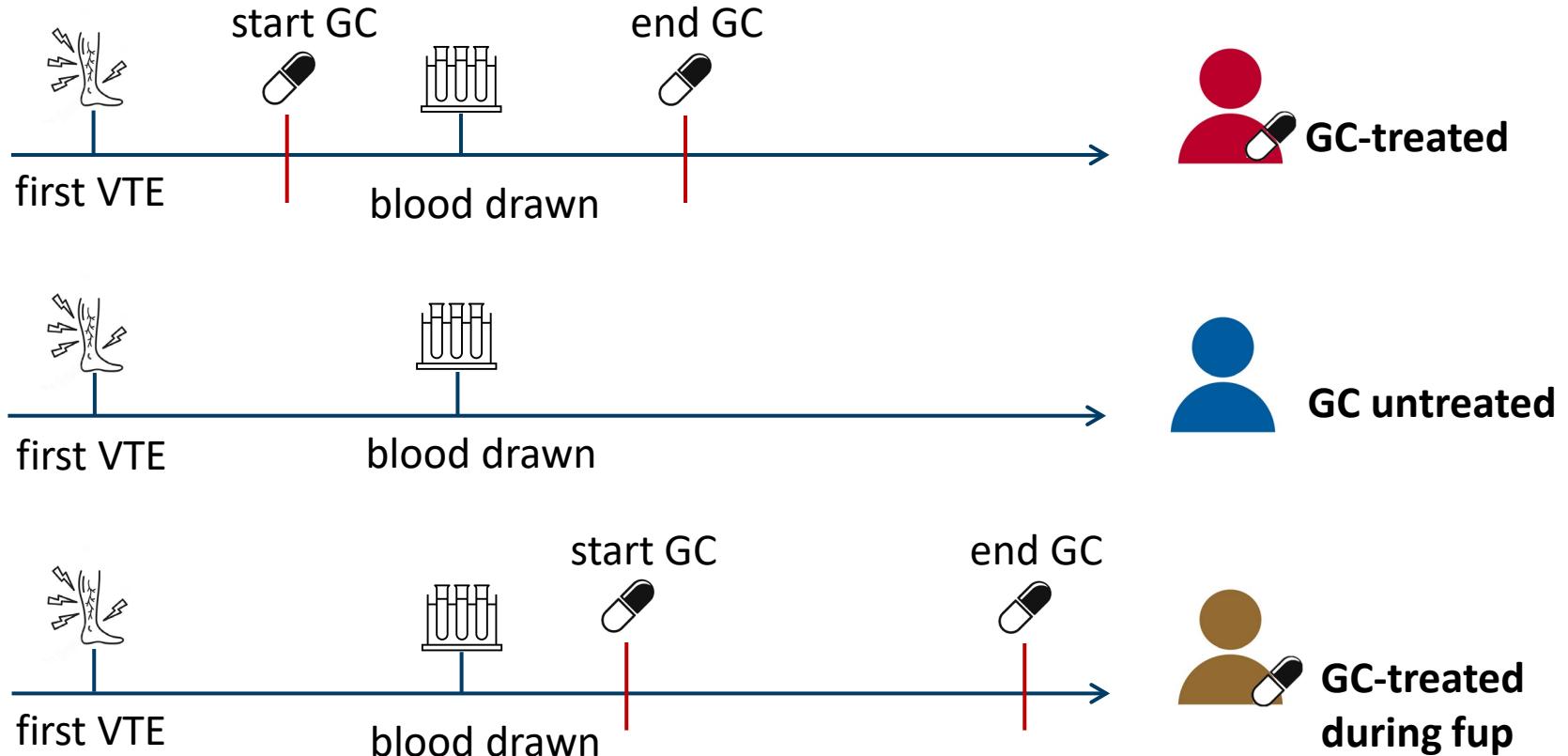
1st aim: outcome - coagulation & fibrinolysis



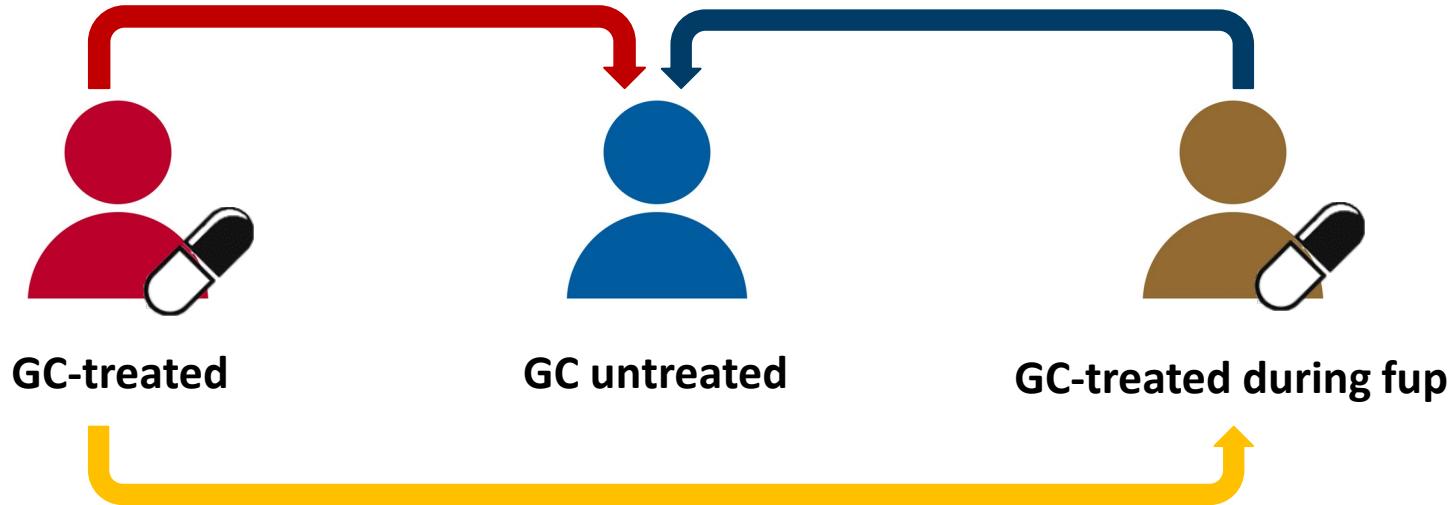
1st aim: global tests of coagulation and fibrinolysis



1st aim: study design



1st aim: statistical analysis



adjusted for age, sex, BMI, comorbidities
(cancer, rheumatic disease, diabetes) and previous GC use

Baseline characteristics

	 31	 890	 40
 years	57 (42-64)	50 (39-58)	58 (47-66)
	12 (39%)	418 (47%)	19 (48%)
 kg/m ²	27 (23-29)	26 (24-29)	25 (23-27)
First VTE			
	13 (42%)	538 (60%)	22 (55%)
 ± 	18 (58%)	352 (40%)	18 (45%)

Information on GC prescription



Day GC use

44 (16-80)

57 (27-71)

Type GC



Prednison

17 (55%)

14 (35%)



Prednisolon

8 (25%)

16 (40%)



Betamethason

3 (10%)

4 (10%)

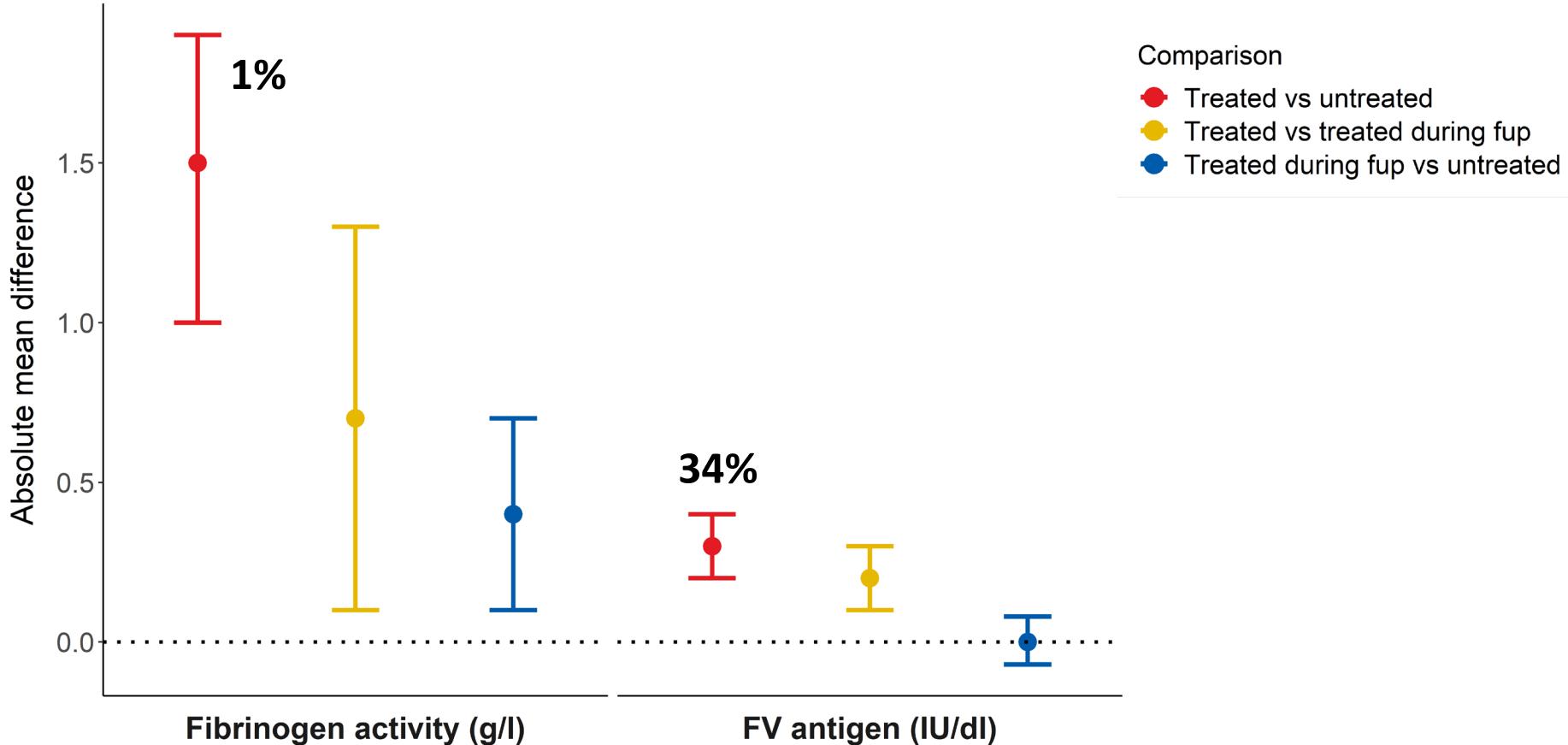


Other

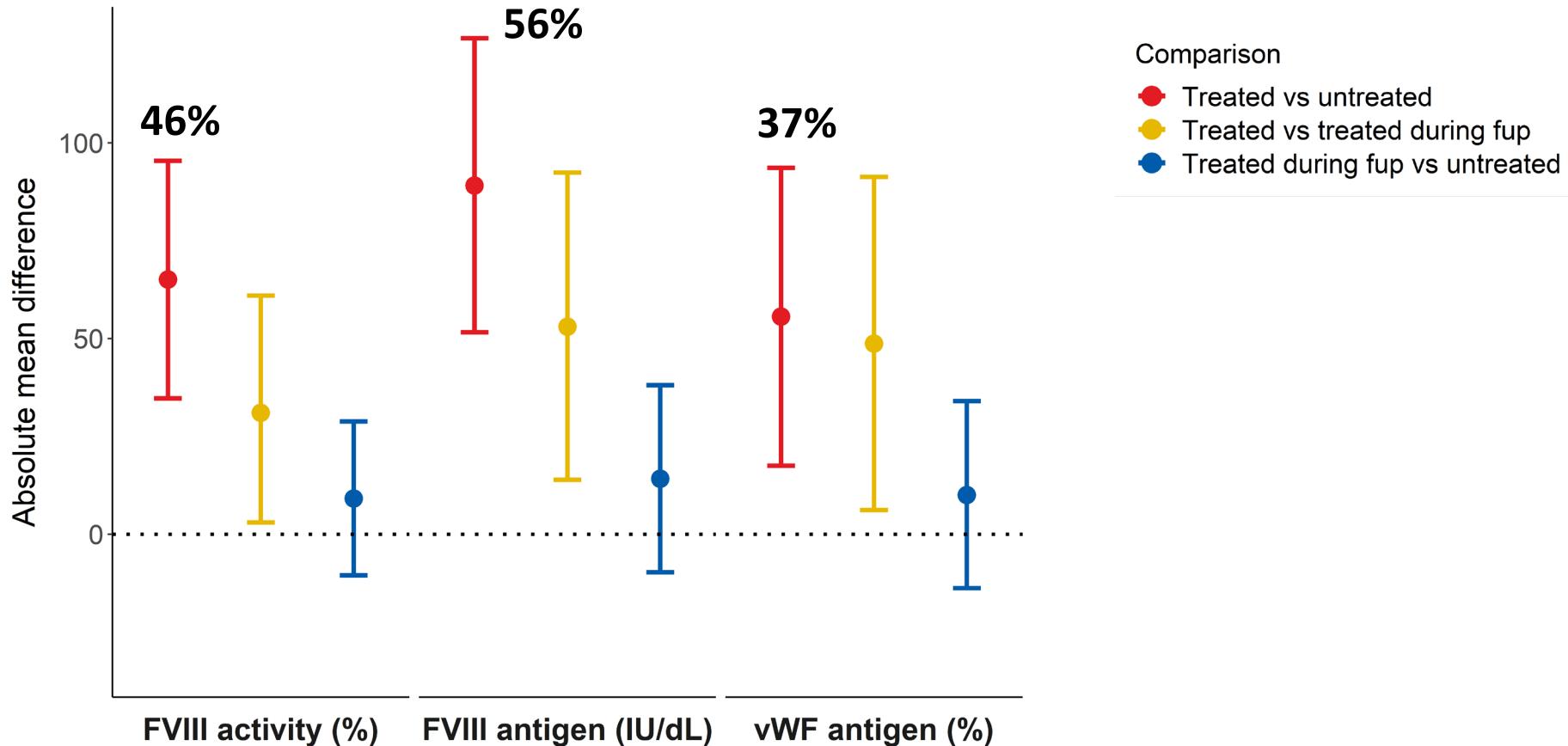
3 (10%)

6 (15%)

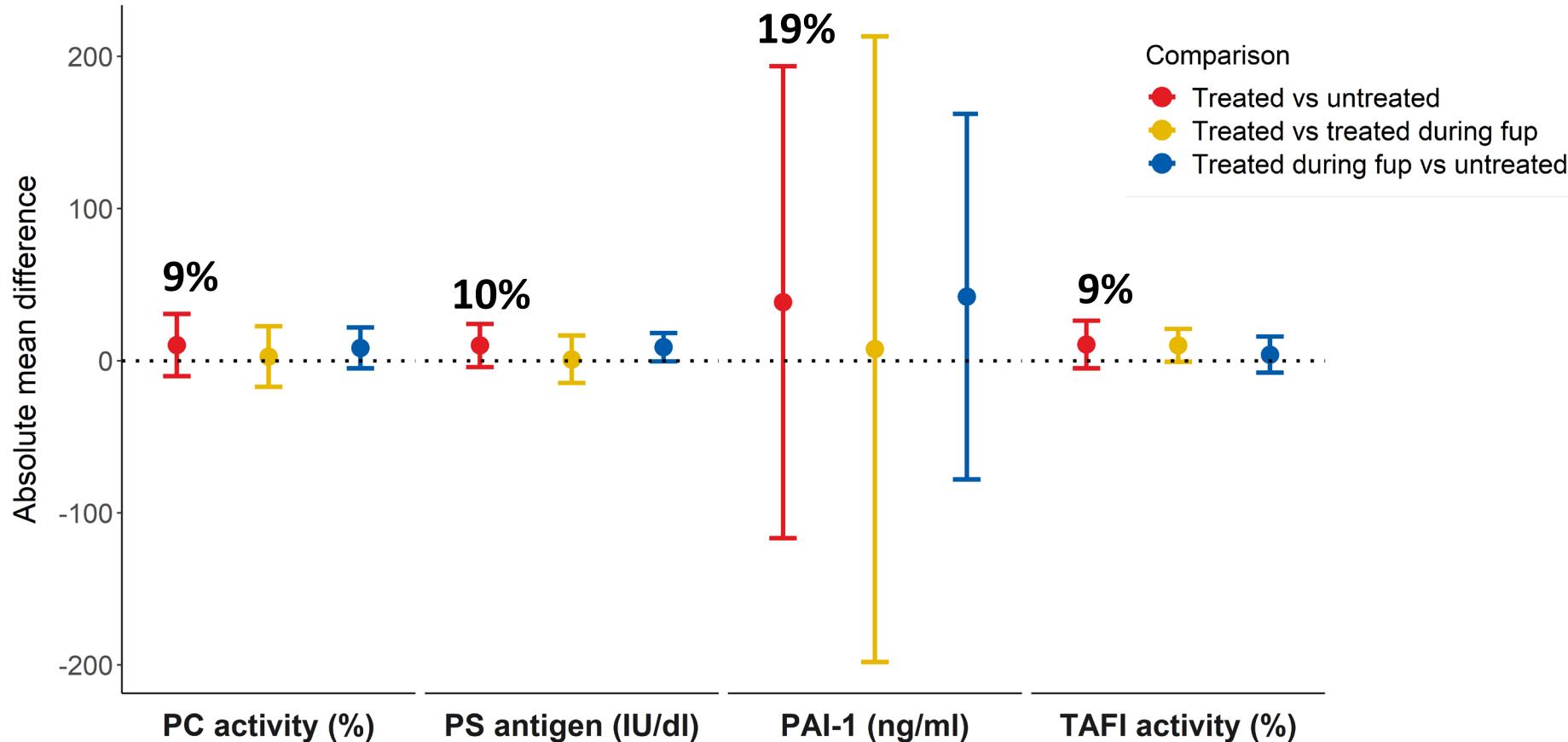
Absolute mean difference – procoagulant



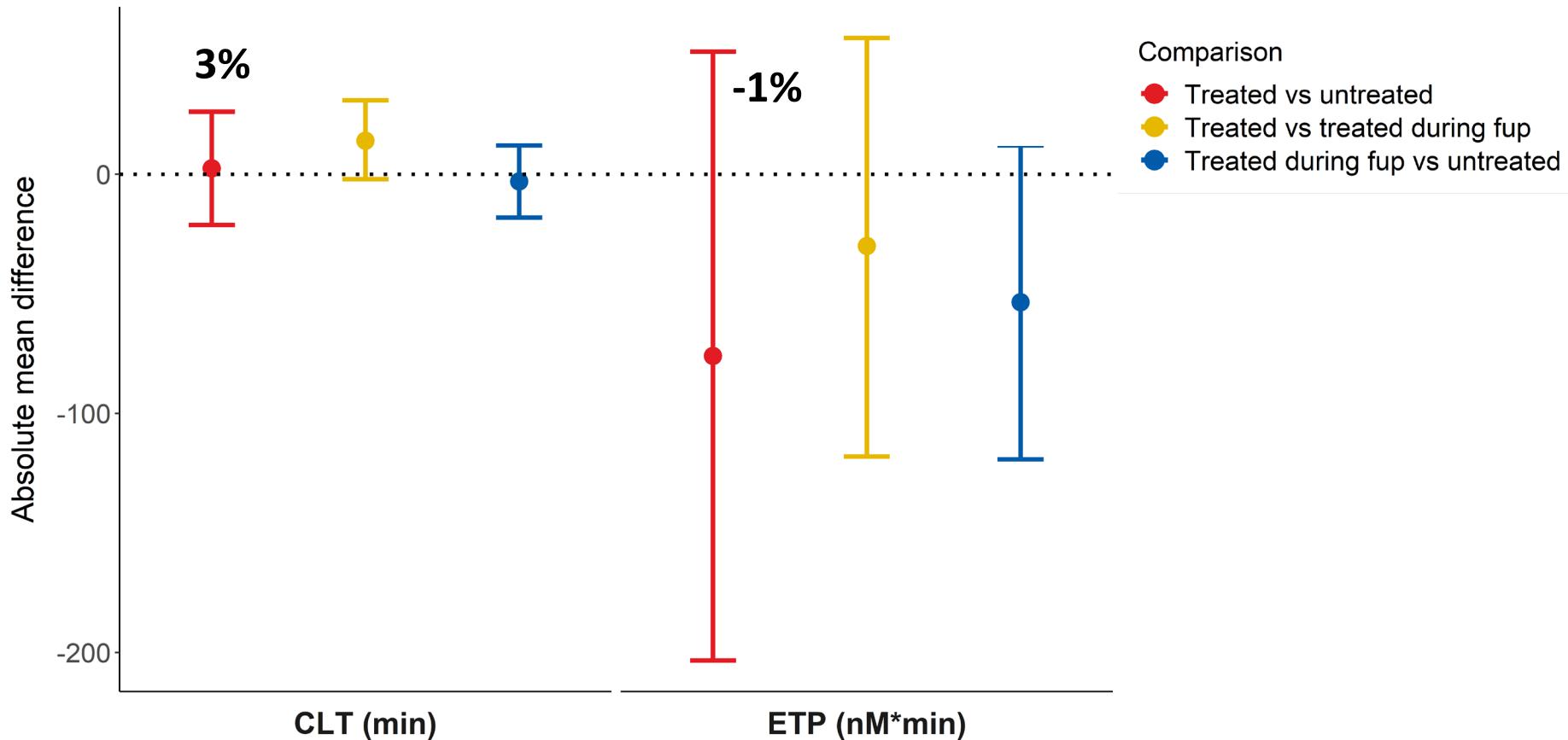
Absolute mean difference – procoagulant



Absolute mean difference – anticoagulant & antifibrinolytic



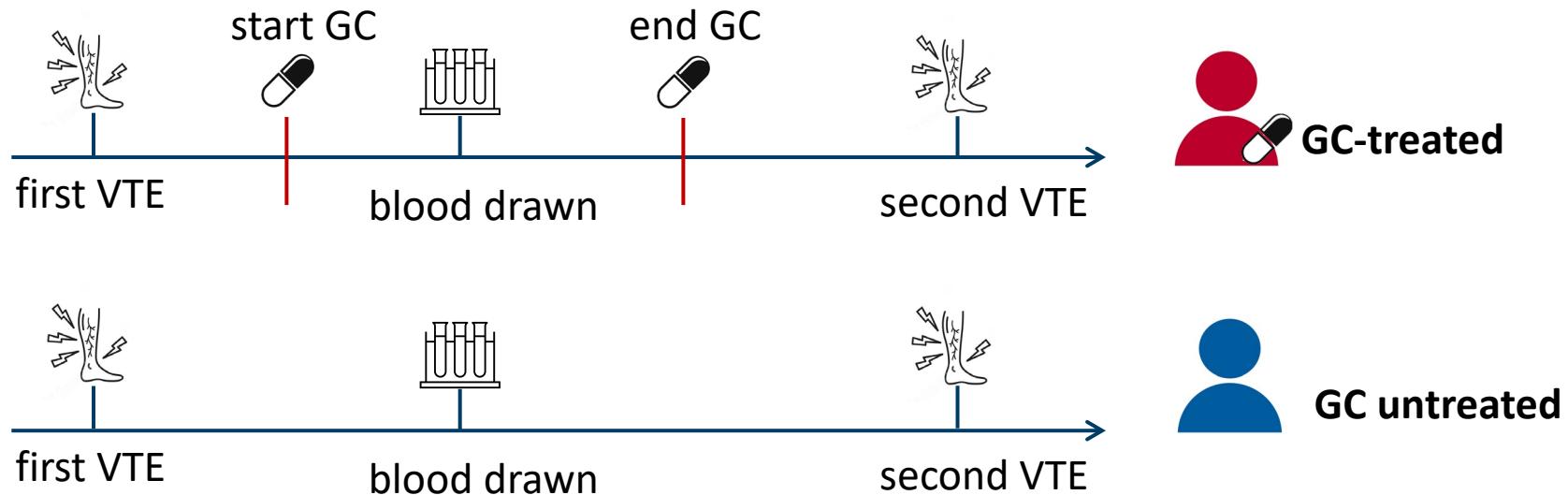
Absolute mean difference – Global tests



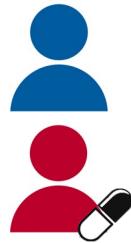
2nd aim: methods & results

2nd aim: study population and statistical analysis

Hazard ratios and 95% CIs for recurrent VTE adjusted for procoagulant



Mediation analysis



Person years	Recurrent VTE	IR per 100 PYs (95% CI)	HR model 1 (95% CI)	HR model 2 (95% CI)	HR model 3 (95% CI)
4649	143	3.1 (2.6-3.6)	1.00	1.00	1.00
143	9	6.3 (3.1-11.6)	2.0 (1.0-3.9)	2.4 (1.2-4.8)	1.7 (0.8-3.6)

- Model 1: unadjusted model
- Model 2: adjusted for age, sex, BMI, comorbidities
- Model 3L adjusted for age, sex, BMI, comorbidities, fibrinogen, FV, FVIII, FX, vWF

Strength and limitations

Strength

- Limited literature on GC in VTE patients
- Global measure of coagulation and fibrinolysis

Limitations

- Limited sample size of GC-treated patients
- No information on GC indication
- Linkage failure (46%)
- PAI-1 and TAFI measured in 40%

Conclusions

- Mean levels of all parameters (except FX) **higher** in GC-treated
- ETP and CLT **not different**

Findings in line with those in patients with endogenous Cushing's disease

- Risk of recurrent VTE partially **mediated** by increase in procoagulant factors

Thank you for listening! Questions?

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