

Home-treatment of deep vein thrombosis in patients with cancer: quality of life impact of therapies

The advantages of low molecular heparin (LMWH) over oral coumarins for the long term anticoagulation of cancer related venous thromboembolism (VTE) are clearly outlined by Levine.¹ However, any physical benefits of LMWH must also be considered in the context of the impact of this treatment on patients' quality of life (QoL), especially those with incurable disease. The incidence of VTE in cancer patients increases with disease progression, a time when QoL issues often take precedent over active treatment.² There are currently no guidelines on the management of palliative care patients with VTE and there has been reluctance amongst the majority of palliative care physicians to prescribe long-term LMWH.³ This is largely due to a concern that a daily injection will have a negative impact on patients causing undue distress, for symptoms that, they feel, could be managed with less invasive therapies.

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A recent qualitative study looking at the acceptability of long-term LMWH for the treatment of VTE in palliative care patients with cancer suggests this is not the case. Semi structured interviews of 40 patients known to palliative care services revealed that LMWH was not only acceptable but also preferable to coumarins.⁴ The study was conducted using purposive sampling and validated using the constant comparison method until theoretical saturation was achieved.⁵ Thirty two of them had previously been on warfarin with over fifty percent experiencing bleeding complications and a further twenty percent recurrent VTE. These complications alone precipitated patient distress, which was worsened in some patients by the need for hospital admissions and frequent monitoring of the INR. Patients reported positive feelings of acceptability, optimism and freedom once converted to LMWH. Eighty percent of those in the community self injected, the rest needing it administered by a family member or district nurse.

The benefits of LMWH over coumarins, in advanced cancer patients extend beyond efficacy. By nature of having progressive disease, their altering symptomatology often necessitates ongoing medication changes. The use

of LMWH lessens the incidence of drug-drug interactions, frequently observed with warfarin, thus improving safety and expanding the range of medications available for symptom control. Up to seventy percent of patients will experience nausea and vomiting in the advanced stages of cancer.^{6,7} The use of LMWH ensures adequate absorption of anticoagulant and removes the anxiety associated with not being able to take what is perceived as important medicine such as warfarin. The use of LMWH not only allows cancer patients to be discharged earlier, but also ensures a better quality of life once home. Patients on warfarin found that the number of anticoagulation clinic attendances required to maintain a stable INR were so frequent that it impacted negatively on their independence and quality of life. Patients who self administered or had LMWH given by a family member reported an improvement in QoL since they were free to carry on daily activities free from hospital or clinic attendances.

We welcome Levine's recommendations to use long term LMWH for VTE in cancer not only for its proven efficacy and safety but also the positive impact on patient's quality of life.

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