Prophylactic anticoagulation in hospitalized patients with COVID-19: less is better

Anticoagulación profiláctica en pacientes hospitalizados durante la COVID-19: menos es mejor

Mateo Porres-Aguilar^{1*}, Orlando R. Pérez-Nieto², Javier E. Anaya-Ayala³, Eder I. Zamarrón-López⁴, Thierry Hernández-Gilsou⁵ and Moisés Aurón⁶

¹Department of Internal Medicine, Division of Hospital Medicine, Texas Tech University Health Sciences Center, El Paso, Texas, USA; ²Department of Intensive Care and Critical Medicine, Hospital San Juan del Río, Querétaro, Mexico; ³Department of Surgery, Vascular Surgery and Endovascular Therapy Section; Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico; ⁴Intensive Care and Critical Medicine Unit, Hospital CEMAIN-Tampico and IMSS Hospital no. 6, Ciudad Madero, Tamaulipas, Mexico; ⁵Department of Emergency Medicine, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico; ⁶Department of Hospital Medicine and Pediatric Hospital Medicine, Cleveland Clinic, Cleveland, Ohio, USA

We read with interest the article published by Ignacio-Ibarra et al.¹. The authors propose therapeutic anticoagulation with heparin and/or rivaroxaban for hospitalized patients with coronavirus disease 2019 (COVID-19) without clinical improvement or with D-dimer levels > 3,000 ng/mL. We want to share the following: the ACTION trial, which compared anticoagulant treatment at therapeutic doses vs. prophylaxis in 615 patients, was recently published². The primary endpoint was a hierarchical analysis of mortality, hospitalization time and oxygen supplementation at 30 days. Of the patients with the therapeutic anticoagulation strategy, 90% received oral rivaroxaban at 20 mg/day. No significant differences were found between both groups regarding the primary composite endpoint: therapeutic strategy 34.8% vs. prophylactic strategy 41.3% (odds ratio [OR]: 0.86; 95% confidence interval [CI]: 0.59-1.22; $p = 0.40$). However, there was a significant difference between both groups with regard to the safety endpoints, major or clinically relevant hemorrhage: therapeutic strategy 8% vs. prophylactic strategy 2% (OR: 3.6; 95% CI: 1.61-8.27, $p = 0.001$)². These results show that an anticoagulation strategy with a therapeutic dose did not confer benefit in comparison with a conventional thromboprophylaxis strategy².

We consider that caution should be maintained in COVID-19 thromboprophylaxis strategies due to a high risk of adverse events, which may outweigh their benefit in the context of difficult clinical scenarios.

Avoiding said strategies based only on D-dimer elevated levels or lack of clinical improvement is suggested. Therapeutic anticoagulation remains reserved for duly diagnosed acute thrombotic events. Upcoming publication of the results of multiplatform, adaptive, prospective, randomized trials (REMA-CAP, ATTACC and ACTIV-4a) will provide more solid evidence on thromboprophylactic strategies for these patients³.

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Conflict of interests

The authors declare that they have no conflicts of interest.

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Correspondence:

*Mateo Porres-Aguilar

E-mail: mporres1980@gmail.com

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