



79th



International
Scientific
Conference of
the University
of Latvia

The most common risk factors for deep vein thrombosis in female population

Tatarova Darja, Ivanova Patrīcija

Summary

Background. Risk factors for the development of deep vein thrombosis have been extensively described in the world literature, however, most studies analyse these factors in the general population and therefore there is not enough information on the prevalence of risk factors for deep vein thrombosis separately in the male and female populations.

Aim. To find out the most common possible risk factors for deep vein thrombosis in the female population.

Methods. The retrospective study included data on 100 female patients aged 18–90 years who were diagnosed with “deep vein thrombosis” (ICD-10 code I80.1, I80.2) and was conducted at the Riga East Clinical University Hospital. Data from medical cards were recorded in *Microsoft Excel 2016* program, for processing using *IBM SPSS Statistics 22* and *Microsoft Excel 2016* program.

Results

- In total, 23 individual risk factors were identified in patients diagnosed with “deep vein thrombosis”.
- The most common were smoking (25%), obesity (24%), history of pulmonary embolism (23%) and history of deep vein thrombosis (22%).

Results

The most common risk factors differ between the two age groups:

- for women of childbearing potential (from 18 to 49 years old): a history of deep vein thrombosis (42.5%), a history of pulmonary embolism (22.5%), use of hormonal contraception (17.5%), May-Thurner syndrome (15%) and smoking (14%).
- in menopausal and postmenopausal women (from 50 to 90 years old): obesity (31.7%), chronic heart failure (28.3%), a history of pulmonary embolism (23.3%), smoking (18.3%) and oncological disease (11.6%).

Conclusions

The most common possible risk factors for deep vein thrombosis in the female population of age group 18–90 are smoking, obesity and a history of pulmonary embolism, however, the risk factors differ between certain age groups. In women of reproductive period (18 to 49 years old), these are a history of DVT, a history of pulmonary embolism and the use of hormonal contraception, while in menopausal and postmenopausal women (50 to 90 years old) these are obesity, chronic heart failure and a history of pulmonary embolism.