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VEIN CONSULT Program: results from the venous specialists

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VEIN CONSULT Program and Venous Specialists

Objective

- **To confirm the diagnosis of CVD in patients referred by GPs**
- **To appraise better, in the participating countries:**
 - the disease stage at which specialists take over from GPs
 - how GPs and specialists manage the patients
 - what types of treatment are recommended

VEIN CONSULT Program and Venous Specialists

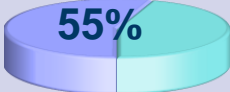



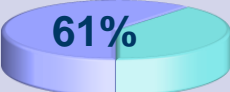



Methods

- **Selection of venous specialists according to the following criteria:**
 - geographically close to participating GPs
 - members of local phlebology societies affiliated to the UIP
 - a good knowledge of the CEAP classification
 - able to perform a duplex scan

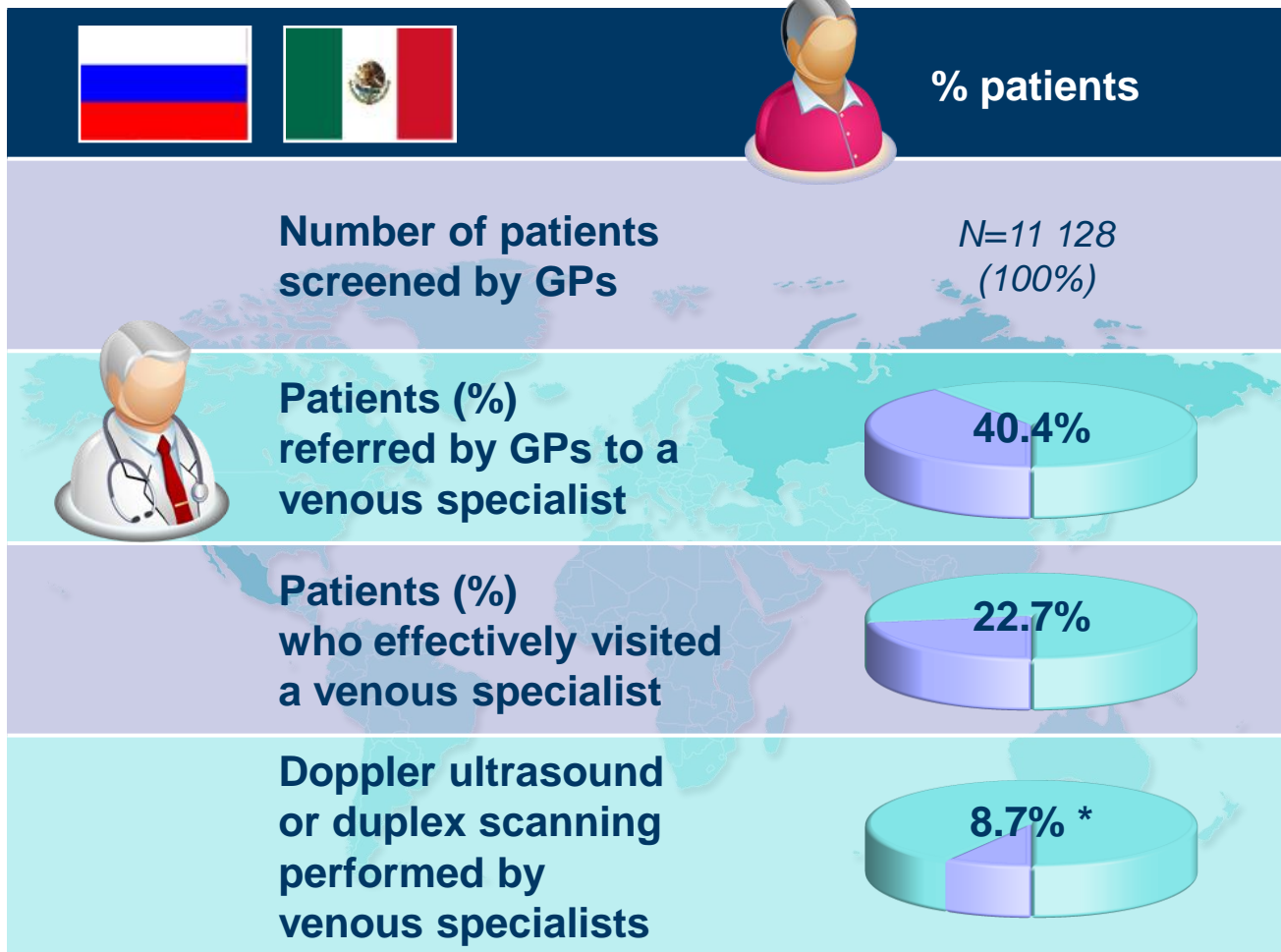
Specialist Consultations increase with CEAP category

		Total in specialist care (patients referred to specialist + those already in specialist care)	P-value Difference between CEAP classes
C0A	N=10 249 (100%)	0.4%	<0.0001
C0s	N=11 930 (100%)	5.4%	
C1	N=12 784 (100%)	31.7%	
C2	N=9 445 (100%)	64.7%	
C3	N=8 730 (100%)	74.5%	
C4	N=4 217 (100%)	84.0%	
C5	N=852 (100%)	90.3%	
C6	N=325 (100%)	94.9%	

Symptomatic Patients More Often Referred to a Specialist






	In specialist care		<i>P</i> -value According to the presence or absence of symptoms
	YES	NO	
Heavy legs N=38 234	 55%	 45%	<0.0001
Pain in legs N=34 126	 57%	 43%	<0.0001
Sensation of swelling N=27 788	 61%	 39%	<0.0001
Night cramps N=21 602	 60%	 40%	<0.0001

Follow-up of Patients from GPs to Specialists in Russia and Mexico




* Representing 41% of patients who visited a specialist




Higher Proportion of Patients with Risk Factors in Specialist Care

 		Screened population Mexico + Russia <i>in GP consultation</i> (N= 11 128)	Selected Population Mexico + Russia <i>in specialist care</i> (N= 2 533)	P-value specialists vs GPs
	Age (years)	48.3 ± 16.1	54.8 ± 15.9	< 0.0001
	Women (%)	74.5%	78.8%	< 0.0001
	BMI >25	66.8%	72.2%	< 0.0001
	Family history of CVD	50.0%	52.8%	< 0.01
	Personal history of thrombosis:			
	<i>Superficial</i>	12.3%	14.7%	< 0.001
	<i>Deep</i>		3.9%	< 0.0001
	<i>Perforator</i>		0.3%	< 0.0001


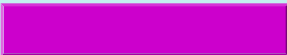




More Patients Assigned High CEAP Classes In Specialist Care

	Screened population Mexico + Russia <u>in GP consultation</u> (N=10 863)	Selected Population Mexico + Russia <u>in specialist care</u> (N=2 450)	P-value Specialists vs GPs
CEAP classification	GPs (for both legs)	Specialists (for the most affected leg)	
C0s-C1	37.7%	27.1%	< 0.0001
C2-C6	50.2%	72.9%	< 0.0001




More Men than Women Assigned High CEAP classes in Specialist Care

 CEAP classification in the most affected leg			P-Value difference women vs men
C0s - C1	24.7%	27.7%	NS
C2	22.7%	20.9%	NS
C3	28.6%	35.8%	< 0.01
C4 - C6	23.9%	15.6%	< 0.0001
N (100%)	510	1940	2450

Most Patients Present with Superficial Reflux

 N= 2 376	% patients
Doppler ultrasound or duplex scanning performed	41.0%
Presence of reflux	70.6%
<i>In case of reflux:</i>	
Superficial	68.3% 
Deep	14.5% 
Perforator	17.2% 
Presence of an obstruction	15.0%
<i>In case of an obstruction:</i>	
Superficial	46.3% 
Deep	53.7% 

Compression Therapy, Liquid Sclerotherapy, and Open Surgery Most Often Carried out by Venous Specialists

Treatment prescribed by :	GPs (%) (N patients=2285)	Specialists (%) (N patients=2373)	<i>P</i> -value Difference of treatment specialist vs GP
Lifestyle advice	87.4	78.9	< 0.01
 Venoactive drugs	94.2	93.6	NS
 Compression therapy	68.2	87.9	< 0.01
 Liquid sclerotherapy	14.3	17.8	
Foam sclerotherapy		9.1	
Endovenous ablation		4.7	
Open surgery		25.8	
Deep venous surgery		2.4	
Other	1.6	2.5	NS

Highlights (1)

From C2 and up to C6, GPs increasingly refer patients to specialists; to a lesser extent, they also refer patients with symptoms



Venous specialists take over from GPs at advanced stages of CVD

Consequently, treatments prescribed by venous specialists to patients with CVD are more invasive than those prescribed by GPs



Awareness of CVD burden is insufficient among laypeople and healthcare providers

Highlights (2)

In the population analyzed, 50% of referred patients did not visit the venous specialist



Undertreatment of CVD could result from a lack of knowledge by patients themselves

Among those who did visit the specialist, only one in three underwent Duplex scanning



CVD is not considered a priority