

VEIN CONSULT PROGRAM: the world's largest awareness program for chronic venous disease

INTRODUCTION

Chronic venous disease (CVD) is an important clinical condition of the lower limbs that encompasses a wide spectrum of clinical presentations [1]. CVD is defined as morphological and functional abnormalities of the venous system of long duration manifested either by symptoms (tingling, aching, burning, pain, muscle cramps, swelling, sensations of throbbing or heaviness, itching skin, restless legs, leg tiredness and/or fatigue) and/or signs indicating the need for investigation and/or care [2].

The Vein-Consult Program (VCP) has been designed to produce a snapshot of patients with CVD and their management by GPs and venous specialists in different geographic areas. The study aims to compare CVD prevalence rates worldwide, to improve the description of CVD in accordance with the CEAP classification, and to identify the methods used in the various participating countries, in primary care as well as in specialized management, for the therapeutic management of this disease.

PROTOCOL

The VCP survey was a 2-part study conducted as 2 complementary steps: the first was carried out during the GP's ordinary medical consultations, with a screening of patients with CVD performed consecutively (30 to 40 consecutive patients could be enrolled) within a short period of time (less than 1 week); no change was to be made to the patient's usual medical and therapeutic care; the second step (optional, depending on the decision of each participating country involved in the program) consisted of the follow-up of those patients to be referred to a venous specialist

having accepted to participate in the study. Patients could agree to take part in Step 1 but decline Step 2.

PATIENTS

To be included, any male or female patient not consulting for an emergency and over 18 years of age had to be properly informed on the study (patient information form) and on the possibility to refuse to participate in the screening program, fully or partly.

REPORTING BY PHYSICIANS

After patient's information, GPs were asked to record the survey information on specific CRF reporting:

- the patient's demographic profile (age, gender, height, weight);
- his (her) CVD risk factors (exercise habits, smoking, family history of venous leg problems including swollen legs, spider veins, varicose veins, ankle ulcers, history of blood clots in veins or legs, estimated number of hours per day spent standing and sitting, occupation - full time, part time, unemployed, student, retired, other -, and, for women, number of births, and use of birth control pills, or, in case of ongoing pregnancy, gestational age, in case of menopause, hormonal replacement therapy);
- data from the leg examination and CVD screening: heaviness, pain, sensation of swelling or burning, night cramps, itching, sensation of "pins and needles" in the legs in the last 4 weeks; time of the day when leg problems are most intense (end of the day, night time, after prolonged standing or prolonged sitting, in summer, after warm bath, during walking, and for women before menstrual period); history of leg problems and related previous or ongoing medical care: lifestyle measures and/or treatments (venoactive drug, compression therapy, anticoagulant therapy, sclerotherapy, other); venous leg problems as main reason for consultation (yes/no); and after examination of both legs: CEAP classification and GP's decision as to whether or not the patient has CVD;
- prescriptions and recommended follow-up (lifestyle advice, venoactive drug, compression therapy, anticoagulant therapy, sclerotherapy/ endovenous ablation/ open surgery, other), whether the patient should be referred to a venous specialist.

At the end of the consultation and only if the GP was convinced the patient had CVD, the patient was asked to complete a quality of life questionnaire, the Short form of the CIVIQ [26]

Any patient considered to require venous specialist follow-up and agreeing to take part in the second step received a Venous Specialist CRF to be completed by the venous specialist and a second information form for the study step 2.

In addition to standard data, specialists had to record more specific information regarding the characteristics of those CVD patients referred to their consultation by the participating GPs, such as:

- measured weight and height; family (father or mother) history of leg problems like swollen legs, spider veins, varicose veins or ankle ulcers, superficial venous thrombosis, deep venous thrombosis or pulmonary embolism; personal history of superficial venous thrombosis, deep venous thrombosis, pulmonary embolism; exercise habits (kind of sports, recommended or non-recommended in case of CVD, and number of hours per week);
- any specific treatment for venous leg problems at any time, previous surgery for venous leg problems (number of interventions and year of the last one), sclerotherapy (number of sessions), venoactive drugs (estimated frequency of this prescription), prescription for compression therapy (stockings, other, and compliance with the prescription);
- patient's changes in professional activities, hospitalization and working days lost due to venous leg problems over the last 5 years;
- comorbidities;
- clinical examination of both legs according to the CEAP classification (Table I).

An examination by Doppler ultrasound or by duplex scanning could be performed by the specialist if deemed necessary. In this case, the following information was to be collected:

- presence of reflux (location: superficial, deep, perforators),
- presence of an obstruction (location: superficial, deep),
- aetiology of the disease: primary, secondary (postthrombotic), or congenital.

Last, the specialist had to indicate if it was necessary to treat the patient and which was the recommended approach (lifestyle advice, venoactive drug, compression therapy, anticoagulant therapy, liquid sclerotherapy, foam sclerotherapy, endovenous ablation, open surgery, deep venous surgery, other), and whether he/she considered justified the referral of the patient at the end of the first step of the survey

REFERENCES

1. Bergan JJ, Schmid-Schönbein GW, Coleridge Smith PD, et al. Mechanisms of disease, Chronic Venous Disease. *N Engl J Med* 2006; 355:488-498.
2. Eklof B, Perrin M, Delis K , Rutherford R. Updated terminology of chronic venous disorders: the Vein Term Transatlantic Interdisciplinary Consensus Document. *J Vasc Surg.* 2009;49: 498-501