

International Conference on Hematology & Blood Disorders

September 23-25, 2013 DoubleTree by Hilton Hotel Raleigh-Durham Airport at RTP, NC, USA

Antipsychotics as a risk factor of venous thromboembolism: The great unknown

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Antipsychotics as a cause of venous thromboembolism (VTE) are known since 1950 when chlorpromazine reported the first cases. It is an infrequently risk factor of venous thromboembolism despite of the frequently use of this drugs. The risk is between 1.5-5 times among consumer's vs non consumers. The evidence to date on the relationship is based in little observational and case-controls studies. The higher risk is associated with first-generation low potency antipsychotic agents, clozapine and olanzapine, the amount of drugs intake by the patients and the doses and immobilization due to sedation or other reason. The initiation of treatment is the period with more risk. Potential etiopathogenetic factors leading to VTE include obesity, elevation of antiphospholipid antibodies, increased platelet activation and aggregation mediated by hyperprolactinemia and hyperhomocysteinemia by low folate levels in psychotic patients. Schizophrenia and/or bipolar affective disorder, as well as hospitalization or stress with sympathetic activation and elevation of catecholamine levels, have been reported as known prothrombogenic agents. These patients don't need any special thromboprophylaxis or treatment with anticoagulants if presented VTE, but is it recommended to switch to lower potency one. Thrombophilia screening it couldn't do routinely. In conclusion, antipsychotics are not a novel risk factor but are a great unknown because their actual risk is minimized.

Biography

Pablo Javier Marchena Yglesias had completed his studies at the School of Medicine, Universidad de Barcelona in 1997 and now he is doing his Ph.D. studies at Universidad Autónoma de Madrid. He has published more than 50 papers in reputed journals relationships with venous thromboembolism disease and participated in several trials with new oral anticoagulants. He is an active member of RIETE Registry (Registro informatizado de la Enfermedad Tromboembólica) within numerous conferences.

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