



Thromboembolism in Psychiatric Diseases

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INTRODUCTION

Venous thromboembolism (VTE), which has an annual incidence of 70–200 per 100.000 people, is a frequent and serious disorder especially during hospitalization. Deep vein thrombosis (DVT) and pulmonary embolism (PE) are the two main clinical scenarios of venous thromboembolism. Pulmonary embolism, which is the most frequent preventable cause of in hospital mortality, accounts for 10% of all hospital-related deaths. Because of limited mobility and exposure to restraints; patients with catatonia, speech difficulties, patients under antipsychotic treatment and psychiatric inpatients carry elevated risk for VTE. Patients with persistent psychiatric diseases such as schizophrenia and recurring affective disorders have much higher rates of somatic comorbidities. This patient population need a unique approach to VTE prevention during hospitalization. The purpose of this section is to summarize current literature about psychiatric disorders and the risk of VTE.

DEFINITION

VTE is a condition that occurs when a thrombus forms in a vein. Deep vein thrombosis (DVT) usually occurs in the deep veins of the lower extremities. An embolism occurs when a thrombus moves away from its original location by migrating with the blood flow. Venous thrombosis is frequently asymptomatic and causes no discomfort or swelling on the legs. Thrombus fragments can move with the blood flow and produce pulmonary embolism (PE) (1).

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CONCLUSION

Despite the dearth of evidence regarding VTE prophylaxis in hospitalized psychiatric patients, conventional medical recommendations should be followed. The treatment and prognosis of individuals with mental problems are impacted by venous thromboembolism, a significant consequence that is frequently underdiagnosed but very simple to avoid.

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