

Letters to the Editor

OVERVIEW

Please submit letters for the editor's consideration within 3 weeks of receipt of *Clinical Medicine*. Letters should ideally be limited to 350 words, and sent by email to: clinicalmedicine@rcplondon.ac.uk

VTE prophylaxis for medical patients when they leave hospital: a wider approach to future research and evidence is required

Editor – *Clinical Medicine* has published a summary of the National Institute for Health and Care Excellence (NICE) NG89 recommendations on venous thromboembolism (VTE) prophylaxis.^{1,2} Subsequently the guidance for pharmacological prophylaxis for a minimum of 7 days for medical inpatients who are at high risk has been challenged by haematologists both for effectiveness and cost effectiveness when the patient has been discharged before this course length has been completed.^{3,4} In the last edition of *Clinical Medicine*, Thomas *et al* estimated the drug related costs of this aspect of the guidance for patients who would require ongoing prophylaxis post discharge, but they were unable to estimate the cost for district nursing support for those who could not self administer.⁵

The Royal College of Physicians' Patient Safety Committee considered the implications of this element of the guidance in 2018 and concluded that the level of evidence was unclear and that implementation of the guidance across medical practice currently in the NHS did not include continuation of pharmacological prophylaxis post discharge. This was communicated to NICE. Given reducing lengths of stay in hospital, increasing community support

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for patients who are immobilised during acute illness, we believe that 'hospitalisation' as a marker of risk for VTE in acute medical illness is a rather blunt risk factor. Future research should consider the patients risk overall, at home or in hospital. Cost effectiveness of pharmacological intervention must include support care costs for patients who are unable to manage this therapy and the risks of polypharmacy in this cohort. ■

References

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- 2 National Institute for Health and Care Excellence. *Venous thrombo-*

embolism in over 16s; reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. NICE guideline [NG89]. London: NICE, 2018.

- 3 Shapiro S, Everington E, Roberts L, Ayra R. Venous thromboembolism. *Clin Med* 2019;19:262.
- 4 Lester W, Gomez K, Shapiro S *et al*. NICE NG89 recommendations for extended pharmacological thromboprophylaxis – is it justified and is it cost effective: a rebuttal from the British Society for Haematology. *Br J Haematol* 2019 [epub ahead of print].
- 5 Thomas W, Sleep T, Forbes McNeil A, Wallis S. What is the cost of implementing updated NICE guidance (2018) on venous thromboembolism prophylaxis post hospital discharge for medical patients? *Clin Med* 2019;19:427.

Newer rehabilitation therapies: strategies in chikungunya chronic arthralgia

Editor – Pathak *et al* looked over epidemiology, immunopathogenesis and management of chikungunya arthritis and reported several medication treatments in acute and chronic phase, however there is no discussion of physical rehabilitation.^{1,2}

Since chikungunya could be considered as a neglected tropical disease, potentially affecting over 1 billion people, additional supportive managements should also be investigated to establish more strategies to prevent arthralgia and increase functionality.^{3–5} As in other rheumatic diseases, the recommended managements for chikungunya aim to prevent disability, unproductive work and secondary manifestations.^{6–8} The chronic chikungunya arthralgia/arthritis symptoms suggests an immune mechanism to medication treatments, however the growing scientific evidences of physical rehabilitation improving functionality and quality of life should be more explored at the managements.⁶ The World Health Organization and several societies of rheumatology recommend rehabilitation interventions in all phases of chikungunya, and include exercises, stretching, manual therapy and aquatic physical therapy.^{9,10} Moreover, two recent trials suggest novel approaches of rehabilitation therapies with transcranial direct current stimulation and pilates to reduce pain and improve functionality.^{4,11} The long-term burden of persistent arthralgia negatively impacts the public health system, economically active people and quality of life.¹⁰

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