

Clinical trials of LMWH at home

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1 venous thrombosis

| Trial | Treatments | Patients | Trials design and methods |
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| LMWH at home vs UFH in hospital | | | |
| Koopman , 1996 n=202/198 follow-up: 12 weeks | home treatment with twice daily injections of nadroparin at a dose adjusted for patients weight; versus UH (APTT adjusted dose, continuous intravenous infusion of 1250 IU per hour after initial intravenous bolus of 5000 IU) in hospital. | patients with acute symptomatic proximal DVT proven by venography or duplex scan | Parallel groups open The Netherlands, France, Italy, New Zealand Australia |
| Boccalon , 2000 n=99/101 follow-up: 6 months | home treatment with sub-cutaneous injection of LMWH (dalteparin sodium, enoxaparin sodium or nadroparin calcium as chosen by the attending physician) at the recommended dose followed by anticoagulant for 6months versus Sub-cutaneous injection of LMWH(dalteparin sodium, enoxaparin sodium or nadroparin calcium as chosen by attending physician) at the recommended dose followed by anticoagulant for 6 months initially in hospital for 10 +/- 2 days then at home | patientst with confirmed diagnosis (by ultrasonography or venography) of proximal DVT not more than 30 days before enrolment | Parallel groups NA France |
| Levine , 1996 n=247/253 follow-up: 90 days | home treatment by Sub-cutaneous enoxaparin 1 mg per kg body weight twice a day for at least 5 days versus UH (APTT adjusted dose, continuous intravenous infusion of 20,000 IU after initial intravenous bolus of 5000 IU) in hospital for at least 5 days | patients with acute proximal DVT proven on venography or duplex scan | Parallel groups open Canada |

continued...

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|---|
| Ramacciotti , 2004 n=104/97 follow-up: | home treatment by once daily Subcutaneous injection of enoxaparin at a dose of 1.5 mg/kg for 5-10 days versus in hospital intravenous bolus injection of 5000 IU of UFH followed by intravenous 500 IU/kg/day adjusted to maintain an aPTT of 1.5-2.5 times the normal value for 5-10 days. | patientst with DVT symptoms for greater than or equal to 10 days and proximal lower limb DVT confirmed by duplex ultrasound or venography | Parallel groups open Brazil |
| Daskalopoulos , 2005 n=55/53 follow-up: | home treatment with single sub-cutaneous injection of LMWH (tinzaparin sodium) in a weight adjusted dose (175 anti Xa IU/Kg) daily for 6 months versus Intravenous bolus of 5000IU UFH followed by intravenous infusion of UFH for 5-7 days. APTT was measured after 4 hours of the initiation of heparin administration and was repeated 6 hours thereafter to reach the therapeutic range (ratio: 1.5-2.5). Oral an | patients with acute proximal DVT confirmed by colour duplex UScan not more than 1 week onset | Parallel groups open Greece |
| Chong , 2005 n=150/148 follow-up: 24 months | once daily sub-cutaneous injection of enoxaparin 1.5mg/kg for a minimum of 5 days plus 10mg of warfarin for 3 months adjusted to achieve INR above 2 and within range accepted by the investigator versus 5000 IU bolus of unfractionated heparin (UFH) for a minimum of 5 days plus 10mg warfarin started on day 1 of the treatment for 3 months | patients with diagnosis of symptomatic lower extrimity DVT (proimal or distal) confirmed by either contrast venography and/or ultrasonography, be suitable for treatment in an outpatient setting | Parallel groups open Australia, New Zealand, Poland, South Africa |

More details and results :

- antithrombotics for venous thrombosis in all type of patients at <http://www.trialresultscenter.org/go-Q101>
- LMWH for venous thrombosis in all type of patients at <http://www.trialresultscenter.org/go-Q203>
- heparin (UFH or LMWH) for venous thrombosis in all type of patients at <http://www.trialresultscenter.org/go-Q204>

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