## **EDITORIALS**

## Thrombosis – prevention is better than cure

Thrombosis is the biggest killer internationally. [1] Lack of appropriate education means that this fact is little known, and it is also eclipsed in the public eye by the much wider awareness of malignant tumours. While cancer is indeed a justly feared killer, the true prevalence of thrombosis and the devastation that it causes deserve to be far better recognised. Heart attacks and strokes are responsible for most deaths worldwide. [1] Venous thromboembolism (VTE) is the most important preventable cause of deaths in hospital. There is strong evidence that prophylaxis remains underprescribed. [2]

In an attempt to address this problem, guidelines have been produced internationally. Some of them have failed, not only because of the requirement for evidence-based decisions but because in attempting to target specialists they have been cumbersome and impractical, and the ordinary prescribing doctor is overawed and unable to extract the critical essence. The first American College of Chest Physicians guideline is a prime example – it was an excellent guideline, but too comprehensive and impractical to use.<sup>[3]</sup>

The Southern African Society of Thrombosis and Haematology produced the first South African guideline, which was published in the *SAMJ* in 2004. [4] The guideline was updated in June 2009, [5] and the most recent update is published in this issue of the journal. It was designed to be a practical and concise guideline that can be utilised by general practitioners and specialists alike. Once again it is evidence based, and it has been reviewed by two independent internationally recognised experts in the field. The guideline includes only registered indications at the time of submission. It covers how to use the new oral anticoagulants, and also provides an approach to managing complications.

The guideline has been endorsed by the Southern African Society of Anaesthetists, the Critical Care Society of Southern Africa, the Faculty of Consulting Physicians, the South African Society of Haematology, the South African Society of Obstetricians and Gynaecologists, the South African Orthopaedic Association, the South African Heart Association, the Neurology Society of South Africa and the South African Renal Consortium. We hope that it will improve VTE prophylaxis in southern Africa.

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 $S\,Afr\,Med\,J\,2013;103(4):231.\,\,\mathrm{DOI:}10.7196/\mathrm{SAMJ.}6808$