

Taking a long trip—whether it's on a train, bus, car or plane—can increase your risk of a blood clot.

the facts about DVT

Millions of women are at risk for a potentially life-threatening blood clot, and don't even realize it. Are you?

by Barbara Brody

I'm a worrier, especially when it comes to my health, but until recently, deep-vein thrombosis (DVT) wasn't even on my top 10 list of concerns. Turns out it's time to reprioritize.

I'd heard that DVT—a blood clot in the deep veins (usually the thighs or legs)—could be fatal if it travels to your lungs, and I knew that NBC's David Bloom died from it while reporting from Iraq. But I was shocked to find out just how common it is: About 600,000 people in the U.S. are hospitalized with DVT each year, and a whopping 300,000 die from pulmonary embolisms (which can occur when a clot breaks off and travels to the lungs), according to The Coalition to Prevent Deep-Vein Thrombosis. That means more people die from DVT-related complications than from breast cancer, diabetes or AIDS.

If you've ever read anything about DVT, you probably think that taking a long flight ups your risk. That's true, but don't assume you're in the clear just because you're not a frequent flyer. You're not any better off spending long hours in a car or bus, says Jennifer Mieres, MD, director of nuclear cardiology at New York University School of Medicine. It's not the mode of transportation that matters; it's being crammed up in a tight space for a long time that you have to worry about.

how to avoid it

Fortunately, DVT is often preventable. The key: Keep moving. "Think of it like a milkshake. When it sits for too long, it gets really thick on the bottom,"

explains Dr. Mieres. "When you sit around for too long, blood pools in your legs, which makes blood clots more likely." In both cases, shaking it up redistributes the liquid. (I'm never going to look at a milkshake the same way again!)

"If you're on a long car or plane ride, stand up and walk around every few hours, or at least move your legs like you're pumping a brake pedal. Or draw the alphabet with your feet," says Tracy Stevens, MD, medical director of the Muriel I. Kauffman Women's Heart Center at Saint Luke's Mid America Heart Institute in Kansas City.

If you can't walk around or do exercises while in transit, consider support (compression) hose, which create gentle pressure that keeps blood from pooling in the legs. No, they're not just for old ladies with varicose veins—though if you do have varicose veins, it's a good idea to wear them. Another option: Take a baby aspirin before your trip (assuming your doc gives you the OK) to thin your blood. Drinking lots of fluids, especially water, while you're traveling is important, too.

other factors

Clearly, being in a confined space or cramped position for an extended period of time (whether you're traveling or on bed rest due to an illness) puts you at risk for DVT. But there many other factors—such as (Please turn to 132)

WHO'S AT RISK?

Anyone can develop a dangerous blood clot, but certain factors substantially raise your chances of developing DVT, according to The Coalition to Prevent Deep-Vein Thrombosis. These include:

- Recent elective hip or knee joint replacement surgery
- Broken hip, pelvis or leg within the last month
- Serious trauma within the last month (a fall, broken bone, car accident, etc.)
- Spinal cord injury resulting in paralysis within the last month
- Pregnancy or obesity
- Personal or family history of blood clots or a blood clotting disorder

To learn more, visit preventdvt.org or clotcare.com

THE FACTS ABOUT DVT

CONTINUED obesity, pregnancy, smoking and varicose veins—that can also make DVT more likely. “Using hormone therapy [for menopausal symptoms] or birth control pills is a major risk factor, especially if you combine either with nicotine,” says Dr. Stevens. Before taking either of these medications, discuss your personal risk of DVT with your doctor.

Many genetic disorders can also make your blood more prone to clotting, and if you have one, your risk of DVT is significantly greater than most. Unfortunately, many people don’t know they’ve inherited one of these disorders until they develop a clot. If anyone in your family has a clotting disorder, get screened (with a simple blood test).

warning signs

As with most medical conditions, prevention is only part of the battle. If it’s caught early, DVT can usually be treated successfully with blood-thinning (anticoagulant) medication. Some people won’t have any symptoms, but you should be wary if you develop an area on your arm or leg that’s red, swollen, painful, and/or warm to the touch. If you notice this, don’t wait any more than 24 hours to call your doctor or go to the ER. It could be a clot that may travel to the lungs and become a potentially deadly pulmonary embolism. If that happens, you may feel short of breath, have chest pain that gets worse if you cough or breathe deeply, or get very lightheaded.

“Just as they do with heart attacks, too many women don’t take their symptoms seriously,” says Dr. Mieres. “This has to be on your radar screen so you can tie the pieces together. If you recently took a long trip and a few days later you notice you’re more short of breath than usual, be aware that DVT could be a culprit.” **wd**



Brenda with her dog, Annie

“I HAD NO IDEA I WAS IN DANGER”

by Brenda Lange, Doylestown, PA

WHEN I WENT TO MY DOCTOR

complaining of shortness of breath and tightness in my chest, I assumed it was stress or maybe asthma. At 43 years old, I was young and healthy—I exercised regularly and ate pretty well. But my doctor ordered a CT scan just to make sure. To my shock, the technician saw blood clots in my lungs and sent me straight to the hospital. At first I didn’t understand what the big deal was—couldn’t they just give me a pill? I later learned that about 30 percent of those who develop a pulmonary embolism die within an hour—and I had three of them.

Doctors in the ER immediately started me on powerful blood thinners to break up the clots before they cut off too much of the blood supply to my lungs. I was admitted to the cardiac unit, where several doctors and nurses monitored my care while I sobbed and waited.

Fortunately, three days later the doctors sent me home, though I had to give myself injections of blood thinners for the next few days and get blood tests and ultrasounds of my legs and pelvis for weeks. When the blood work came back, I learned what went wrong: I had a genetic condition I never knew existed—factor V Leiden, the most common blood clotting disorder.

It turns out that my mother, brother and oldest daughter all have it too, though none of them knew it until they got tested after my incident. My daughter stopped taking birth control pills, but my mom and brother were told by their doctors to simply be on the lookout for symptoms since they don’t have any other risk factors.

I’ll be on the blood thinner Coumadin for life, and I have to go back to the lab for periodic blood tests. (Doctors carefully monitor how I’m responding to the medicine to keep a balance between preventing clots and excessive bleeding.) Coumadin’s a volatile drug, easily affected by other medications and even foods like leafy greens (because they contain vitamin K). The blood thinner also causes me to bruise more easily and intensifies my monthly periods. But for the most part my condition is just a hassle, not something that impedes my daily life.

Still, it’s always there in the back of my mind. After I was hospitalized, I worried over every twinge in my chest for months. Today I’m no longer as anxious about it, but when I tell people what happened I feel my heart beating a little faster and find my hands making fluttering motions around my chest, where the clots once lived.