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CLINICAL PRACTICE GUIDELINE

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ISTH guidelines for antithrombotic treatment in COVID-19: Endorsement by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine

Michelle S. Chew[1] | Klaus T. Olkkola[2] | Maija-Liisa Kalliomäki[3] | Marius Rehn[4] | Martin Ingi Sigurðsson[5,6] | Morten Hylander Møller[7,8]

[1]Department of Anaesthesia and Intensive Care, Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden

[2]Department of Anaesthesiology, Intensive Care and Pain Medicine, University of Helsinki and Helsinki University Hospital, Helsinki, Finland

[3]Department of Anaesthesia, Tampere University Hospital, Tampere, Finland

[4]Institute of Clinical Medicine, University of Oslo, Oslo, Norway

[5]Division of Anesthesia and Intensive Care Medicine, Landspitali-The National University Hospital of Iceland, Reykjavik, Iceland

[6]Faculty of Medicine, University of Iceland, Reykjavik, Iceland

[7]Department of Intensive Care, Copenhagen University Hospital – Rigshospitalet, Copenhagen, Denmark

[8]Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark

Correspondence
Michelle S. Chew, Department of Anaesthesia and Intensive Care, Linköping University Hospital, S-58185 Linköping, Sweden.
Email: michelle.chew@liu.se

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Abstract

The Clinical Practice Committee of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine endorses the ISTH guidelines for antithrombotic treatment in COVID-19. This evidence-based guideline serves as a useful decision aid for Nordic anaesthesiologists caring for patients with COVID-19.

KEYWORDS
AGREE II, anticoagulation, clinical practice guideline, COVID-19, ISTH, thromboprophylaxis

1 | BACKGROUND

COVID-19 infection is associated with a hypercoagulable state and risk of thromboembolism.[1] Variability exists in the prevention of venous thromboembolism among hospitalised patients with COVID-19.[2,3] While several guidance documents have been published,[4–6] a formal clinical practice guideline using evidence from randomised clinical trials and well-designed observational studies was recently issued by the International Society of Thrombosis and Haemostasis.[7]

2 | METHODS

The Clinical Practice Committee (CPC) of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) assessed the

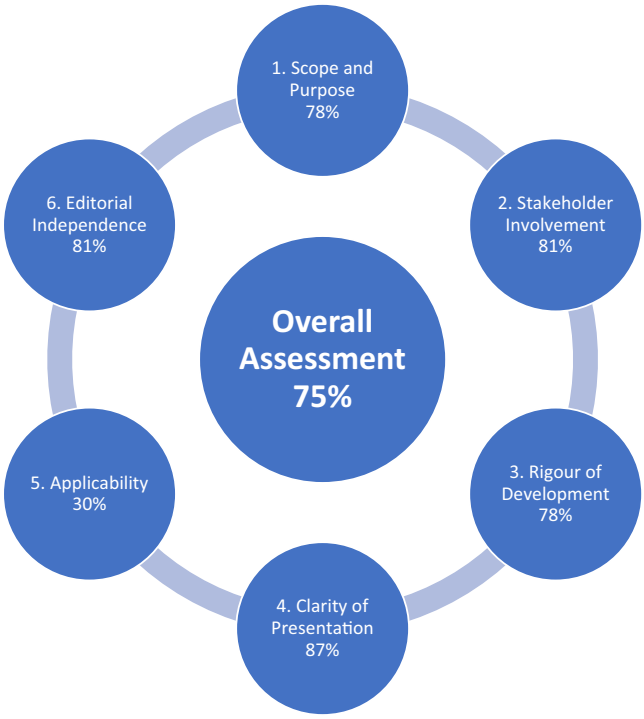

FIGURE 1 Summary of the Appraisal of Guidelines for REsearch and Evaluation (AGREE) II assessment.[8]

2022 ISTH guidelines for antithrombotic treatment in COVID-19[7] for possible endorsement. The Appraisal of Guidelines for REsearch and Evaluation (AGREE) II tool[8] was used. Details on the endorsement process are available elsewhere.[9]

3 | RESULTS

All six SSAI CPC members completed the appraisal. The individual domain totals were: Scope and Purpose 78%; Stakeholder Involvement 81%; Rigour of Development 78%; Clarity of Presentation 87%; Applicability 30%; Editorial Independence 81%; Overall Assessment 75% (Figure 1).

The breakdown of the individual appraisers (de-identified) is available in the Supporting information.

4 | DISCUSSION

Agreement between the SSAI CPC appraisers was acceptable and the overall assessment of the guideline was good.

Notably, the domain 'Applicability' was poorly rated by the assessors, achieving a scaled domain score of only 30% (Figure 1). The largest concerns were a (lack of) consideration of resource implications and monitoring/auditing criteria. While the SSAI CPC assessors acknowledged these shortcomings, resource implications for implementing appropriate VTE prophylaxis are likely small compared to those resulting from treatment of complications due to inappropriate dosing. Given the delicate balance between the desirable effects of VTE prophylaxis (reduced risk of VTE) and the undesirable effects (bleeding), we encourage continued follow-up of COVID-19 patients receiving VTE prophylaxis. Furthermore, auditing through national or Nordic quality registries is strongly encouraged.

Importantly, the ISTH guideline did not use the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology. This was not perceived as a major weakness by the CPC, but it may pose some challenges when we as Nordic clinicians will be using the guideline at the bedside, since the strength and structure of the recommendations are different than what we are used to.

The *2022 ISTH guidelines for antithrombotic treatment in COVID-19* may be used in daily clinical practice in the Nordic countries with adaptation for resource implications and monitoring/auditing criteria, as outlined above.

5 | CONCLUSION

The SSAI CPC endorses the *2022 ISTH guidelines for antithrombotic treatment in COVID-19*.[7]

AUTHOR CONTRIBUTIONS

All authors drafted, revised and approved the manuscript.

FUNDING INFORMATION

Funding was provided from the Scandinavian Society of Anaesthesiology and Intensive Care Medicine and institutional and/or departmental sources.

CONFLICT OF INTEREST STATEMENT

No Clinical Practice Committee member had direct or indirect conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

ORCID

Michelle S. Chew https://orcid.org/0000-0003-2888-4111
Morten Hylander Møller https://orcid.org/0000-0002-6378-9673

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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