



Remarkably elevated risk of venous and arterial thromboembolism in anorexia nervosa

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Abstract

OBJECTIVE: Thromboembolism in Anorexia Nervosa (TEAN), adopts a multi-omic approach, integrating register-based and case-control methodologies examining the incidence, risk factors, and clinical implications of thromboembolism in anorexia nervosa (AN). We here present findings from the register-based component of the TEAN-study. **METHOD:** The risk of thromboembolism in AN was investigated using the Danish health care registries, identifying a cohort of patients with AN and 1:5 age and gender-matched controls. The prevalence of thromboembolic events was determined and comparison of the two groups was calculated using Fine-Gray proportional subdistribution hazards model (SHR) to adjust for competing risks. An event was validated by redemption of a prescription of anticoagulant medication. **RESULTS:** 12,676 patients (median age 17 and 93.5% female) were matched 1:5 with 62,724 controls. Mean follow-up time was 10.6 (0.25-26) years. The prevalence of thromboembolic events was 1.36% (n=172) in the AN-group and 0.17% (n=106) in the control group (SHR 8.10 [6.36-10.33]). For venous thromboembolism, the prevalence was 0.93% (n=118) in the AN-group and 0.12 (n=76) in the control group (SHR 7.72 [5.79-10.32]). For arterial thromboembolism, the prevalence was 0.54% (n=68) in the AN-group and 0.05 (n=32) in the control group (SHR 10.24 [6.78-15.46]). **DISCUSSION:** Patients with AN have an increased risk of thromboembolism, pointing towards an unexplored field of somatic complications: The hemostatic system. However, registry studies only provide information on

association, not causality. Clinical studies exploring the hemostatic balance and alterations of this causing thromboembolism are highly warranted. The results will guide management of this potentially fatal complication to AN.

Topics: Treatment

For workshops only

No Answer Given

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