Risk of a thrombotic event after the 6-week postpartum period

Pregnancy significantly increases the risk of thrombosis. This heightened thrombotic risk rises further during the postpartum period, which is conventionally defined as the 6 weeks after delivery. Over these 6 weeks there is a significant increase in the risk of venous thromboembolism, stroke and myocardial infarction as compared with non-pregnant women. This study considers whether this risk period may be longer than 6 weeks.

Data from women hospitalised for labour and delivery over a 5½ year period in hospitals in California was reviewed. Among the 1,687,930 women with a first recorded delivery, 1015 had a thrombotic event (248 cases of stroke, 47 cases of myocardial infarction, and 720 cases of venous thromboembolism) in the period of 1 year plus up to 24 weeks after delivery.

The researchers confirmed the heightened 6 week risk and noted a modest but significant increase in risk during the 7–12 week period compared with the same period 1 year later. However, the absolute increase in risk beyond 6 weeks was low.

Off-hour presentation and outcomes in patients with acute myocardial infarction

This meta-analysis from the Mayo Clinic reviews whether patients with acute myocardial infarction presenting to hospital during off-hours (weekends and nights) have higher mortality than those presenting during regular hours, and do patients with ST elevation myocardial infarction (STEMI) have longer door to balloon time during off-hours than in regular hours?

The meta-analysis included 48 cohort studies with fair quality enrolling 1,896,859 patients. The results were that there was a 5% relative increase in mortality in hospital and at 30 days in those presenting in off hours. There was a delay of nearly 15 minutes in door to balloon time in this cohort.

The authors note that the difference in mortality between off-hours and regular hours may be confounded by patients’ clinical characteristics. High heterogeneity reduces the validity of the study findings, and the pooled effect size of this study should be viewed as an average estimate expected across a range of different settings.
Day-patient treatment after short inpatient care versus continued inpatient treatment in adolescents with anorexia nervosa

Guidelines of European countries and the USA consider inpatient treatment (IP) as the treatment of choice for moderately or severely ill adolescent patients with anorexia nervosa or those who have not improved with outpatient treatment. This is costly and relapse and readmission rates are high. Day patient treatment (DP) is less expensive and might avoid problems of relapse and readmission by easing the transition from hospital to home.

This theory is tested in this randomised non-inferiority multicentre German trial. 172 patients were randomly allocated to treatment: 85 to IP and 87 to DP. DP was found to be non-inferior to IP with respect to the primary outcome, an increase in body-mass index at 12 months. Treatment-related serious adverse effects were similar in both groups, 8 in the IP and 7 in the DP groups.

The researchers recommend DP as it is effective, safe and less expensive than IP.