The Evolving Epidemiological Landscape of Venous Thromboembolism

Marco Zuin MD MS FESF FACC FANMCO FAIAC FESC Dr

PII: \$0300-2896(25)00074-2

DOI: https://doi.org/doi:10.1016/j.arbres.2025.02.013

Reference: ARBRES 3752

To appear in: Archivos de Bronconeumologia

Received Date: 23 February 2025

Please cite this article as: Zuin M, The Evolving Epidemiological Landscape of Venous Thromboembolism, *Archivos de Bronconeumología* (2025), doi: https://doi.org/10.1016/j.arbres.2025.02.013

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2025 SEPAR. Published by Elsevier España, S.L.U. All rights are reserved, including those for text and data mining, AI training, and similar technologies.



Manuscript Type: Editorial (Invited)

The Evolving Epidemiological Landscape of Venous Thromboembolism.

Marco Zuin 1,2 MD MS FESF FACC FANMCO FAIAC

1 Cardiology Unit, Department of Translational Medicine University of Ferrara, Azienda

Ospedaliero-Universitaria S.Anna, 44124 Ferrara, Italy.

2 Department of Cardio-Thoraco-Vascular Sciences and Public Health, University of Padova,

Padova, Italy.

### **Corresponding Author:**

Dr Marco Zuin, MD FESC FACC FAIAC FANMCO

Department of Translational Medicine,

University of Ferrara,

Via Aldo Moro 8, 44124 Ferrara, Italy

E-mail: zuinml@yahoo.it

Key Words: Venous Thromboembolism; Epidemiology; Mortality

Word Count: 416

Venous thromboembolism (VTE) currently ranks as the third most common cause of cardiovascular disease, following acute myocardial infarction and stroke [1-3]. However, the true epidemiology of VTE remains challenging to assess due to its often asymptomatic nature and frequent misdiagnosis in clinical practice [5]. In this issue of Archivos de Bronconeumología, *Cayuela et al.* present a comprehensive analysis of VTE mortality trends across Spain's Autonomous Communities from 1999 to 2022 [5]. Their findings reveal an overall decline in VTE-related mortality yet highlight persistent regional disparities and an alarming increase in mortality rates among younger individuals.

The observed decrease in VTE-related mortality likely reflects advancements in diagnostic capabilities, improved treatment strategies, and heightened awareness of VTE risk factors among healthcare professionals [6]. However, the rising mortality rates among younger individuals warrant immediate attention. In their manuscript., *Cayuela et al.* [5] were unable to identify specific contributors to this trend, as their analysis was based on mortality registry data. This limitation underscores the need for further nationwide studies aimed at uncovering the underlying reasons for this increase, including potential lifestyle changes, occupational hazards, and disparities in access to healthcare services. The study also identifies significant regional disparities in VTE mortality, with higher rates observed in Extremadura, Aragon, Navarre, and Andalusia, particularly among women. Further investigations are essential to understand variations in healthcare resources, specialist availability, diagnostic practices, and preventive measures across these regions.

Cayuela et al.'s [5] findings align with a larger European analysis indicating that while ageadjusted VTE-related mortality has been declining in most EU Member States, disparities persist
between Western and Eastern Europe [4]. To further reduce VTE-related mortality and its impact on
healthcare systems, it is crucial to intensify public health initiatives that promote healthy lifestyles—
such as balanced diets, regular physical activity, moderation of alcohol consumption, and smoking
cessation [7]. Moreover, continuous monitoring of VTE-related mortality trends is essential for

evaluating emerging risk factors and identifying vulnerable populations. Addressing regional

disparities in healthcare resources and specialist availability must be prioritized to ensure equitable

access to VTE prevention and care.

In conclusion, the study by Cayuela et al. [5] serves as a critical reminder that while progress

has been made in reducing VTE mortality, vigilance and targeted action are necessary to ensure that

all individuals—regardless of age, sex, or geographical location—have equal access to optimal

prevention and care. By addressing the challenges highlighted in this study, Spain can further mitigate

the burden of VTE and enhance the health and well-being of its population.

Funding: None

Conflicts of Interest: The Author has no conflicts of interest to disclose.

Ethics in publishing

1. Does your research involve experimentation on animals?:

No

2. Does your study include human subjects?:

No

3. Does your study include a clinical trial?:

No

4. Are all data shown in the figures and tables also shown in the text of the Results section and

discussed in the Conclusions?:

No

#### References

- 1. Glynn RJ, Rosner B. Comparison of risk factors for the competing risks of coronary heart disease, stroke, and venous thromboembolism. Am J Epidemiol 2005;162:975–982
- 2. Cohen AT, Agnelli G, Anderson FA, Arcelus JI, Bergqvist D, Brecht JG, Greer IA, Heit JA, Hutchinson JL, Kakkar AK, Mottier D, Oger E, Samama MM, Spannagl M; VTE Impact Assessment Group in Europe (VITAE). Venous thromboembolism (VTE) in Europe. The number of VTE events and associated morbidity and mortality. Thromb Haemost 2007;98:756-64.
- 3. Heit JA. The epidemiology of venous thromboembolism in the community. Arterioscler Thromb Vasc Biol 2008;28:370–372
- 4. Zuin M, Rigatelli G, Temporelli P, Bilato C. Trends in mortality related to venous thromboembolism in the European Union, 2012-2020. Intern Emerg Med 2024;19:941-949.
- Cayuela L, Gaeta AM, Otero R, Jara-Palomares L, Mendo Pedrajas I, Cayuela A. Regional Disparities and Trends in Venous Thromboembolism Mortality in Spain (1999-2022).
   Arch Bronconeumol. 2024;S0300-2896(24)00418-6. Epub ahead of print.
- 6. Patel H, Sun H, Hussain AN, Vakde T. Advances in the Diagnosis of Venous Thromboembolism: A Literature Review. Diagnostics (Basel) 2020;10:365.
- 7. Zuin M, Bikdeli B, Ballard-Hernandez J, Barco S, Battinelli EM, Giannakoulas G, Jimenez D, Klok FA, Krishnathasan D, Lang IM, Moores L, Sylvester KW, Weitz JI, Piazza G. International Clinical Practice Guideline Recommendations for Acute Pulmonary Embolism: Harmony, Dissonance, and Silence. J Am Coll Cardiol 2024;84:1561-1577.