

DVTnews Update

Issue 1 *International Edition*

EUROPEANS CALL FOR ACTION ON DVT

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European public attention is focusing more and more on the issue of travel-related deep vein thrombosis (DVT) as clinical evidence pointing to the health risks of lengthy journeys continues to grow.

And with frequent reports of passengers suffering a fatal DVT following a long trip, European legislators are now recognising the need for action.

Two European politicians have cited figures of more than 30 people falling victim to a DVT following a long flight¹, while MEPs from the UK, Belgium, Portugal, Spain, Greece and Germany have all questioned the Commission on what European initiatives are planned.

The Commission has also placed the issue high on its agenda, with the Commissioner for Energy & Transport, Loyola de Palacio, confirming its position: "The Commission is well aware of recent reports and developments linking deep vein thrombosis to air travel and takes them very seriously"².

She has also written to European airline associations urging their members to inform



passengers of predisposing factors and precautionary measures to lessen the chances of suffering a DVT.

These views underline the clear need for public access to expert knowledge and up-to-date information to enable the issue of travel-related DVT to be fully understood and dealt with.

¹ Written question to the Commission E-0362/02, by Jillian Evans (Verts/ALE) and Bart Staes (Verts/ALE)

² Written answer to question E-0362/02, 27 March 2002

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AIRLINE DVT CASES - CONCLUSION CONFLICT

Heightened awareness of DVT and the dangers of the potentially fatal condition have lead to increasing numbers of victims and their families taking legal action against airlines.

Many long haul passengers claim that cramped seating and failure by the airlines to warn about its consequences have caused them to suffer potentially fatal blood clots.

Two landmark cases have recently proved to be a world apart in location and conclusion.

Legal action rests on classing DVT as an accident under the terms of the Warsaw Convention.

In the UK a High Court ruling blocked attempts by 55 people to take a case out

against 27 airlines for damages. Mr Justice Nelson ruled DVT could not be classed as an "accident". Claimants were given the right to appeal.

By contrast, in Australia, a ruling by the Supreme Court of Victoria cleared the way for DVT cases to be brought before the courts. The plaintiff, Brian Povey, is attempting to sue Qantas and British Airways for health problems, which he claims he suffered as a result of long haul flights. The court rejected the airlines' claim that DVT could not be classed as an accident but stressed that Mr Povey would need to provide more conclusive evidence to support his case.



In a separate case American Airlines has recently reached an out-of-court settlement in a blood clot claim.

ONE IN EVERY 100 AT RISK

More than one in every 100 air travellers on flights of four hours or more are at risk of developing a DVT, according to a new study¹.

New Zealand researchers looked at blood samples from 1,000 long haul flyers and found evidence of blood clots in 13.

Passengers with a known high risk of classical VTE were excluded.

The study, the first findings of which were released in August 2002, is one of the

world's most comprehensive looking at the link between air travel and DVT. It is a joint project between Green Lane Hospital, Auckland, Otago University Wellington School of Medicine, the Medical Research Institute of New Zealand and Christchurch Hospital.

The medics now want to extend their research by looking at 250 volunteers who have suffered a flight-related DVT within the past three years.

¹ This story was previously reported by the New Zealand Herald and ananova.com on 8 August 2002.

STUDY CONFIRMS HOW TO REDUCE RISKS

A major scientific investigation of 629 long haul air passengers has revealed new evidence on how the risk of DVT can be effectively reduced.

The Lonflit 4 study, published in November 2002 by *Angiology*, was carried out among travellers on flights from London to New York and London to Phoenix.

Half of the research group took no preventative measures against DVT, while the other half wore Scholl Flight/Travel Socks, which provide a compression of 14-17 mmHg at the ankle.

Although all participants were classed at low to medium risk of developing a DVT, more than four per cent of those not wearing flight socks suffered some form of thrombosis



during the flight to Phoenix and more than three per cent flying to New York.

In contrast, the incidence of thrombosis among those wearing flight socks was found to be zero.

There was also clear evidence wearing flight socks prevented swollen legs (oedema), which may be linked to the development of DVT.

The researchers found wearing Scholl Flight/Travel Socks (compression level 14-17 mmHg) reduced the likelihood of passengers suffering from swollen legs by up to 300 per cent.

The international scientific group was led by Professor Gianni Belcaro of the Department of Biomedical Sciences at G. D'Annunzio University in Italy. Others in the team included Dr Sandeep Shah, Director of Medical Services for Scholl, and researchers from Imperial College, London and Epworth Hospital in Melbourne, Australia.

WHAT IS "ECONOMY CLASS SYNDROME"

Although sometimes described as "economy class syndrome", DVT is not confined to air travellers. With current research indicating any trip of four hours or more – by plane, train, car or coach – can add to the risk, European policy makers are now addressing the issue.

Blood returning to the heart from the legs has to travel against gravity through the veins. Normally this process is assisted by the leg muscles which act as a pump when moving about, but there is a problem if an individual sits in one place or in cramped conditions for a long time. The blood can gather in the veins and in extreme cases a DVT – blood clot – can develop.

DVT is not dangerous in itself but if the clots break free and pass through the blood system into the lungs (a condition called "pulmonary embolus") it could produce a pain in the chest, worsened by breathing. In rare instances if the clot is large it can cause sudden death by travelling to the heart and lungs and interrupting the blood flow.

Although everyone is potentially at risk of developing a DVT, especially if they travel for four hours or more, according to the World Health Organisation (WHO) groups at highest risk include¹:-

- Previous history of venous thrombosis or pulmonary embolism
- Age over 40 years (risk increases with age)
- Use of oestrogen therapy (oral contraceptives or hormone replacement therapy)
- Pregnancy
- Cancer
- Recent surgery or trauma, particularly abdominal or lower limb surgery
- Genetic blood-clotting abnormalities

Precautions advised by WHO include simple exercises to stimulate the circulation. Wearing properly fitted graduated compression stockings specially designed for air travel may be helpful.

¹ World Health Organisation, International Travel and Health, 2002 edition

FRENCH RESEARCH LEADS TO WARNING

French research showing travel-related DVT is not confined to air transport has led to a warning to drivers to take extra care on long journeys.

UK motoring organisation the RAC Foundation issued the advice following research by Dr Emile Ferrari, a cardiologist based at the Hospital Pasteur in Nice.

In a case-controlled study of 160 patients admitted for DVT, Dr Ferrari found almost 25 per cent had recently completed a journey of more than four hours – the vast majority by car.

Results of the research, first published in the journal of the American College of Chest Physicians, indicated 39 of the patients had a history of travel in the four weeks preceding their illness – most (28) had journeyed by car, with nine going by plane and two by train.

The DVT patients were almost four times as likely to have had a long trip in the past month than a control group.

Dr Ferrari concluded the findings pointed to a link between lengthy journeys by all modes of transport and increased risk of a DVT.

Jonathan Simpson, parliamentary affairs manager for the RAC Foundation, said: “Travelling for long periods of time on any form of transport can bring health risks.

“Although research on the effects of DVT on motorists is still in its early stages there have been cases of elderly passengers on coaches suffering from this.

“Motorists need to get into the habit of taking regular breaks when driving long distances to avoid the threat of DVT, particularly if they are predisposed to blood clots.”

Ferrari E, Chevallier T, Chapelier A and Baudouy M, Travel as a risk factor for venous thromboembolic disease, a case-control study; Chest 1999, 115(2): 440-444.

SCHOLL – A HISTORY OF EXPERTISE

Scholl has an unrivalled pedigree in compression hosiery and strong brand heritage in providing healthcare solutions.

Travel Socks (Flight Socks in the UK and Asia Pacific) and Knee Highs were developed in response to growing concerns about the dangers of travel-related DVT and in line with specific passenger needs identified by in-depth research.

Scholl Travel Socks and Knee Highs use a clinically proven graduated compression



system to provide the appropriate amount of support to improve blood flow. They are medically proven in flight to reduce the risk of DVT.



They are also proven in flight to help combat swollen ankles and the discomfort of tired, aching legs.

Available in three sizes, Scholl Travel Socks and Knee Highs look like ordinary socks and hosiery, and can be worn on flights or other journeys of any duration.

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