Ruth L. Bush, MD, JD, MPH, SECTION EDITOR

Review and commentary of key non-JVS-VL articles

Clinical decision-making guidelines: Too much of a good thing?

Analysis of effect of National Institute for Health and Care Excellence Clinical Guideline CG168 on management of varicose veins in primary care using The Health Improvement Network database

Davies HO, Popplewell M, Bate G, Ryan RP, Marshall TP, Bradbury AW. Eur J Vasc Endovasc Surg 2018 Aug 24. [Epub ahead of print]

Conclusion: National guidelines published in 2013 improved the referral of patients with symptomatic varicose veins by a primary care physician to a vascular specialist in the United Kingdom. However, there is room for improvement.

Summary: The National Institute for Health and Care Excellence Clinical Guideline (CG) 168, published in July 2013, aimed to improve the management of lower limb venous disease by newly recommending interventional treatment for all people affected by symptomatic varicose veins. CG168 recommends the referral of a patient with symptomatic varicose veins to a vascular specialist for consideration of superficial venous intervention. This study is a national retrospective database analysis of 2 million patient visits before and after the new guideline and referral patterns among primary care physicians. Cohorts before and after the guideline were well matched in terms of demographics. There was an increase in specialist referral (24% to 28%) and number of patients having venous interventions (3.6% to 4.2%) between the two time periods. However, prescriptions for compression stockings declined.

Comments: With the prevalence of venous disease ranging from 30% to 50% in the general population, the absolute numbers of referrals to vascular specialists in the UK public health care system seem small. Clearly, there is room for improvement in allowing access to appropriate vascular services in a large, publicly funded health care system while balancing health care expenditures. Yet, there is another perspective to consider for these mild improvements in referrals. Clinical practice guidelines are invaluable tools for daily use to guide clinical decision-making in real-world settings. We generally accept that guidelines are composed by a team of experts following a rigorous literature review and analysis of existing evidence; but in creating all of this fabulous evidence and guidelines, are there now too many? Is there the unintended consequence of "guideline fatigue"? This specific guideline is entitled CG168. Does that mean that at least 167 other guidelines exist for the primary care physician? Food for thought.

The importance of physician-patient communication

Patients and physicians agree only partially in symptoms and clinical findings before and after treatment for varicose veins

Lotte K, Henrik S, Jensen LP. Phlebology 2018;33:115-21.

Conclusion: Patients are more likely to report minor complaints following varicose vein treatment via self-reporting than verbally to their physicians. Physicians are more likely to report major changes in clinical status.

Summary: Denmark, in 2006, established the Danish Clinical Vein Database (DCVD) to track patient outcomes with reporting by physicians. In the United Kingdom, patients complete the Aberdeen Varicose Vein Questionnaire (AVVQ). Over a 3-month period, a retrospective study compared 379 legs in 287 patients treated for varicose veins in the DCVD to the AVVQ. Results showed 46% more complaints after intervention in AVVQ than DCVD. Patients were more likely to report symptoms, especially cosmetic complaints of spider veins, itching, pigmentation, etc, via the AVVQ than were physicians.

Comments: This study really addresses the issue of value in health care as seen through patient-reported outcomes. What do patients really care about? While all agree on the importance of healing of venous ulcers and presence of large symptomatic varicose veins, telangiectasias and other minor complaints are not regarded as important to physicians, most likely because these are unlikely to improve following a venous treatment. This comes down to good communication between the physician and patient, setting and re-emphasizing expectations to patients, before and after interventions.