Venous thrombosis in the elderly: risk factors and consequences

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1. High levels of factors VIII, IX, and XI, but not prothrombin, are associated with an increased risk of venous thrombosis in older people. (this thesis)
2. D-dimer and thrombin generation parameters (except lag time) are associated with the risk of a first venous thrombosis in older people. (this thesis)
3. In the elderly, height and weight are positively associated with the risk of venous thrombosis. With genetic predisposition, height and weight further increase the risk of venous thrombosis. (this thesis)
4. A remote history of venous thrombosis is associated with the risk of venous thrombosis in older individuals. (this thesis)
5. Quality of life of elderly venous thrombosis patients one year after their event is still worse than that of controls of similar age, which indicates a long-term impact of venous thrombosis on quality of life in the elderly. (this thesis)
6. “Physiological ageing is associated with increased plasma levels of many proteins of blood coagulation together with fibrinolysis impairment. This may be of great concern in view of the known association between vascular and thromboembolic disease and ageing” (Mari, D., et al., Immunity & Ageing, 2008). Our findings endorse this since high levels of coagulation factors increase the risk of thrombosis in the elderly.
7. “There is a strong need to understand the aging/thrombosis interface. Epidemiologic studies are needed to clarify and identify specific risk factors for VTE and its complications in the elderly” (Silverstein, R.L., et al., Blood, 2007). This emphasizes

the importance of looking further into risk factors of venous thrombosis specifically in older individuals.

8. “The elderly not only have a higher incidence of venous thromboembolism but also have an approximately 2-fold increase in major bleeding and 2- to 3-fold greater risk of all-cause mortality over time than younger patients” (Faller, N., et al., Am J Med, 2017), which highlights the need of investigating the mortality risk in older patients with first venous thromboembolism.
9. “Causal inference is a core task of science. However, authors and editors often refrain from explicitly acknowledging the causal goal of research projects; they refer to causal effect estimates as associational estimates” (Hernán, M.A., et al., Am J Public Health, 2018). Even though empirical studies cannot prove causality , understanding the study’s causal objective helps in the interpretation of the results.
10. “We don’t become wise by thinking more. When our mind becomes relaxed and open, we suddenly have a brilliant idea. Trust the wisdom that exists in silence, and rest your hardworking mind for a while” (Haemin Sunim, Love for imperfect things), so relaxation may bring more benefits than we realize.