Should we avoid heparin to eliminate HIT?

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Abstract

In almost all cases, heparin instigates the syndrome of heparin-induced thrombocytopenia (HIT), a life-threatening, immune complication occurring in 1% to 5% of patients exposed to the drug. Thus, reducing exposure to heparin, in particular, exposure to unfractionated heparin (UFH), is an effective strategy for reducing the incidence of HIT. However, heparin avoidance requires availability of safe, alternative therapies. For medical indications, particularly in the area of venous thromboembolism treatment and prophylaxis, there are clear alternatives to UFH. In these clinical settings, substitution of UFH with other agents, including low-molecular-weight heparins, has been shown to be effective in lowering the incidence of HIT. However, for other indications such as cardiac surgery and related indications, suitable alternatives are lacking. This article will provide an overview of the clinical, scientific, and epidemiologic evidence supporting heparin avoidance as a strategy for lowering the incidence of HIT in clinical settings where there are clear alternatives to heparin therapy.

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