

Age-dependent cut-off values for D-Dimer testing

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The main role for the D-dimer assay in diagnostic work-up of venous thromboembolism is to rule out and not to confirm.

An accepted approach, and prescribed in guidelines, is to combine a clinical decision rule with the results of the D-dimer assay. The outcome of the clinical decision rules is *unlikely* or *likely* and the result of the D-dimer assay is *normal* or *abnormal*.

The main problem in using these guidelines is the low specificity in the elderly, resulting in a high percentage superfluous imaging investigations.

The Wells score is the most used and validated clinical decision rule, unfortunately without an age dependent component, like other rules. Therefore some authors had searched for the use of an age dependent cut-off value for D-dimer.

The approach differs in two cut-off values for D-dimer by a dichotome division of age, < 60 years or ≥ 60 years, [1], and a continue age dependency of D-dimer, age x 10 µg/L, if age > 50 years[2,3].

These two methods are evaluated retrospective[4] as well as prospective[5].

An overview of these investigations will be presented.

References

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