

Doctor, is there a drug that could strengthen my veins?

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Chronic venous insufficiency (CVI) is a very common disease in western countries. It is a progressive disease and it is associated with relevant socio-economic costs.

Nevertheless, pharmacological treatment of CVI is often not routinely performed or made without an evidence-based protocol. This is due to an enormous availability of different products; to the fact that the disease persists for the patient's whole life but the progression is often slow. Moreover, the effect of drug treatment in CVI is difficult to test since it is not easy to identify reasonable end-points, the necessity of very long trials with associated elevated costs.

As a consequence, most indications for venous active drugs (VAD) derive from small studies mainly focused on symptoms control.

When symptoms are considered, most VAD are considered effective, especially when edema, heaviness, cramps and restless leg syndrome are taken into account. The

only symptom that is not improved by VAD is itching.

In recent years, new knowledge on the mechanisms involved in the determination and progression of CVI has emerged. Inflammation processes that happen both in the veins wall and in the tissues surrounding the microcirculation are now considered very relevant. Inflammation at the level of vein valves might contribute to their malfunction, determining a progression in venous hypertension. Tissue inflammation around microcirculation might contribute in developing complications such as dermo-hypodermatitis and ulcers.

Among VAD, only the FFMP was shown in several studies to positively affect the inflammation processes present in CVI.

The possibility of an anti-inflammatory therapy for CVI opens new scenarios.¹⁻³ In fact, such a therapy could slow down the progression of the disease and not simply relieve symptoms.

This hypothesis should be tested in properly designed trials. When confirmed, a long-lasting treatment, starting from the beginning of the disease, using a VAD with anti-inflammatory properties, should be considered in all patients with CVI.

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