

The End Of Expensive Paint Repairs? This Cloth Is Blowing...

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Health > Conditions > Heart health

Your risk of a lethal blood clot skyrockets after 40. Here's how to protect yourself

A leading cause of preventable hospital deaths, blood clots become more likely with age – but there are ways to reduce your risk

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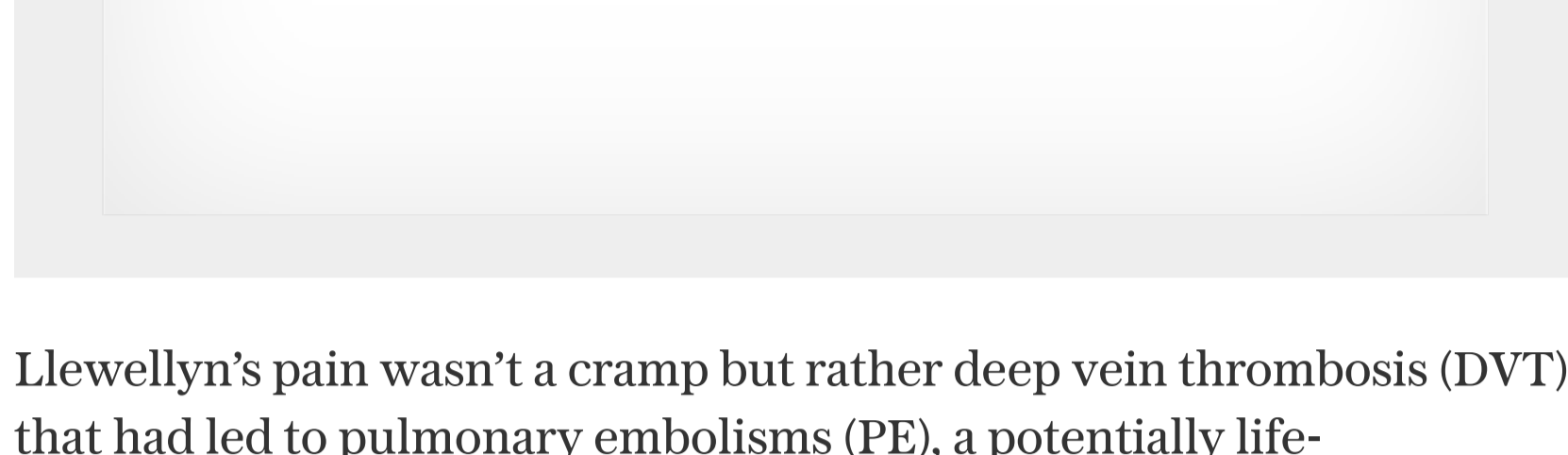


Deep vein thrombosis (DVT) occurs when a blood clot forms in one or more of the deep veins in the body, usually in the legs

Ceri Roberts
With a career in journalism spanning more than 25 years, Ceri Roberts has worked across lifestyle, features and celebrity. See more

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When Sue Llewellyn first developed a pain in her leg in 2011, doctors told her she probably just had a cramp. “There was no redness or swelling, but I had a pain that felt like someone was pressing their thumb into my calf muscle,” explains Llewellyn. Her GP prescribed a blood thinner as a precaution because she had been discharged from hospital the day before following routine surgery. When a nurse showed her how to inject it, she warned Llewellyn, then 50, to call an ambulance if she became breathless – which is exactly what happened 48 hours later. “I had an X-ray then a scan which showed multiple clots in my lung. It was incredibly scary.”



Llewellyn's pain wasn't a cramp but rather deep vein thrombosis (DVT) that had led to pulmonary embolisms (PE), a potentially life-threatening condition.

Llewellyn was sent home with the blood thinner warfarin and fully recovered several months later. Then, after catching Covid in 2022, Llewellyn once again developed PE.

“I became breathless, so called 999,” she says. “Once again, a scan revealed multiple clots in my lung. I was very surprised as it felt nothing like the previous episode.”

It took time to recover, but Llewellyn, now 65, is [fit and well](#); in 2025 she cycled 440 miles from the Forest of Dean to Northumberland to raise money for Thrombosis UK and Crohn's and Colitis UK. “I've learned that many people who have DVT don't have the typical symptoms,” she says, “so it's incredibly important to know how to spot the signs and advocate for yourself.”

Blood clots in the veins

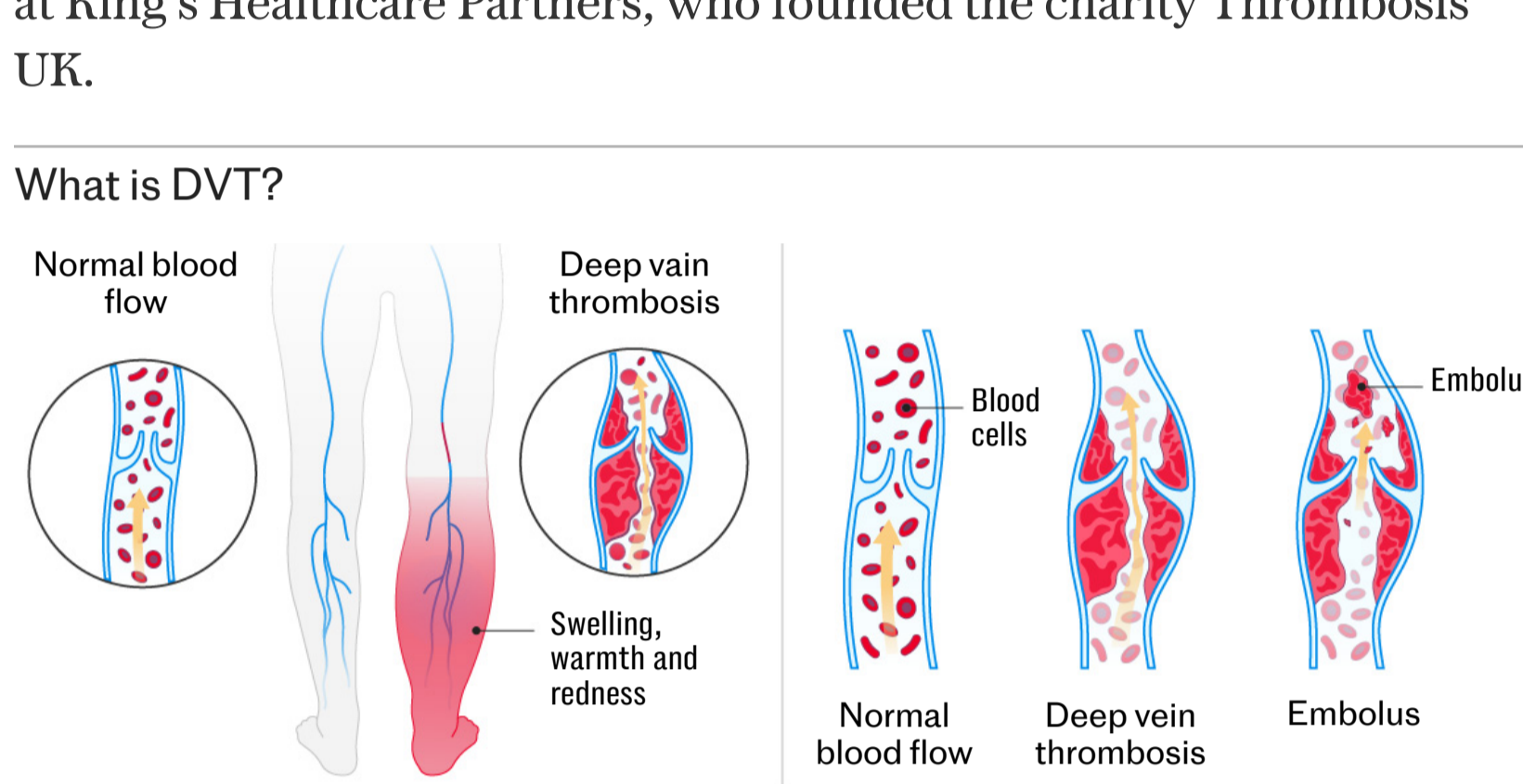
The human body uses blood clots to prevent blood loss, but these clots can become a problem if they keep blood from circulating properly.

The condition venous thromboembolism (VTE) happens when blood clots occur in the deep veins that move blood throughout the body. Within the VTE umbrella term, DVT refers to clots that form in areas like a leg or an arm. PE is a more serious condition in which a clot restricts blood flow to the lungs. DVT can lead to PE, as appeared to happen in Llewellyn's case.



“If these blood clots break off, they travel through the body and can block the pulmonary arteries, which provide the blood supply to the lungs,” says Beverley Hunt, a professor of thrombosis and haemostasis at King's Healthcare Partners, who founded the charity Thrombosis UK.

What is DVT?



For this reason, the NHS recommends requesting an urgent GP appointment or calling 111 if you have DVT symptoms, or going to A&E or calling 999 if you have chest pain or shortness of breath.

Who's at risk?

The British Heart Foundation says about 60,000 UK adults are thought to develop DVT each year, and Thrombosis UK says one in 20 people will experience the condition in their lifetime. Between VTE and arterial blood clots (which can cause heart attacks and strokes), as many as one in four deaths are related to blood clots, making blood clots a leading cause of preventable hospital deaths.

Broadly speaking, your risk of a blood clot is determined by your age, genetics and your overall health. But even if there's no family history of blood clots, experts say that the risk of VTE roughly doubles with each decade after the age of 40. It typically occurs when you're over 60 as the levels of proteins that help blood clot increase with age, veins become less elastic, which impedes blood flow, and higher rates of hospitalisation and chronic illness limit mobility.



Being immobile, suffering a serious injury, undergoing medical procedures and taking certain medications are all known to increase a person's risk of VTE, which is why Thrombosis UK notes that [hospital stays](#) are particularly associated with blood clots, with an elevated risk up to 90 days after you have been discharged.

Having cancer, as well as receiving treatment for cancer, increases your risk, and [heart failure](#) causes problems because of poor circulation and inflammation within the blood vessels. High blood-sugar levels that come with uncontrolled diabetes can damage the lining of blood vessels, which also encourages clotting.

During pregnancy, and for six weeks after giving birth, women become much more likely to develop DVT. This is why Thrombosis UK has introduced a [screening tool](#) to help newly pregnant women assess their risk and see whether they might need blood thinners.

What are the signs you have DVT?

The NHS flags five key symptoms:

1. Throbbing pain in one leg when walking or standing
2. Swelling in one leg
3. Warm skin around the painful area
4. Red or darkened skin around the painful area
5. Sore, swollen veins

Hunt warns, however, that not all of these signs may be present.

“You should pay attention to unexplained pain in a leg that doesn't go away and doesn't seem to be related to exercise or a pulled muscle,” she says. “Most people just have pain; 80 per cent have no swelling at all. If it progresses to a pulmonary embolism, you may start having unexplained chest symptoms, such as gradually becoming more short of breath, chest pain, especially when breathing in, and even coughing up blood.”

How to prevent DVT

Hunt says there is no “magic” way to prevent DVT, but a few simple lifestyle changes can significantly reduce your risk.

Maintain a healthy weight

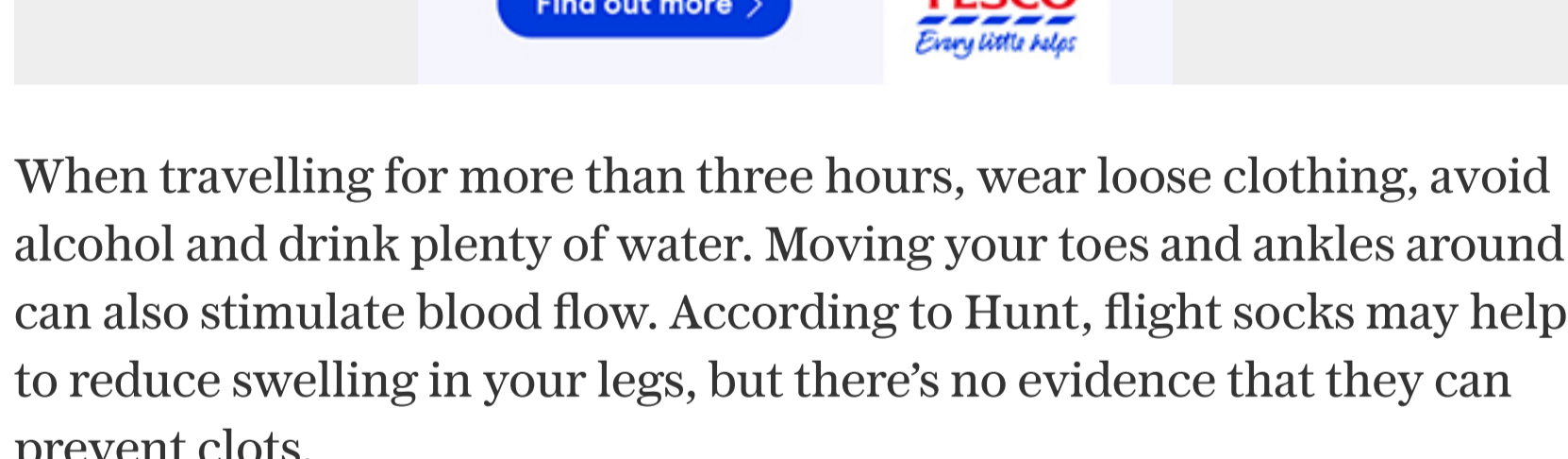
“As a rule, the higher your BMI, the greater your risk of having a blood clot,” Hunt says. This is because fat tissue secretes inflammatory proteins that make the blood more prone to clotting, and excess abdominal fat puts pressure on pelvic veins, which can affect circulation to the legs.

Stop smoking

Chemicals in tobacco smoke, including nicotine, make the blood “stickier”, slowing blood flow and increasing the risk of clots.

Keep active

“If you sit still in a chair for 90 minutes and don't move your legs, the blood flow through your veins, especially behind your knees, drops by 50 per cent,” says Hunt. “If you're on a long-haul flight, keep getting up and [moving about](#). The more mobile you are, the better.”



When travelling for more than three hours, wear loose clothing, avoid alcohol and drink plenty of water. Moving your toes and ankles around can also stimulate blood flow. According to Hunt, flight socks may help to reduce swelling in your legs, but there's no evidence that they can prevent clots.

Stay hydrated

“If you're dehydrated, it will make your blood a little bit more sticky, so it's important to drink adequately, especially when you exercise,” says Hunt.

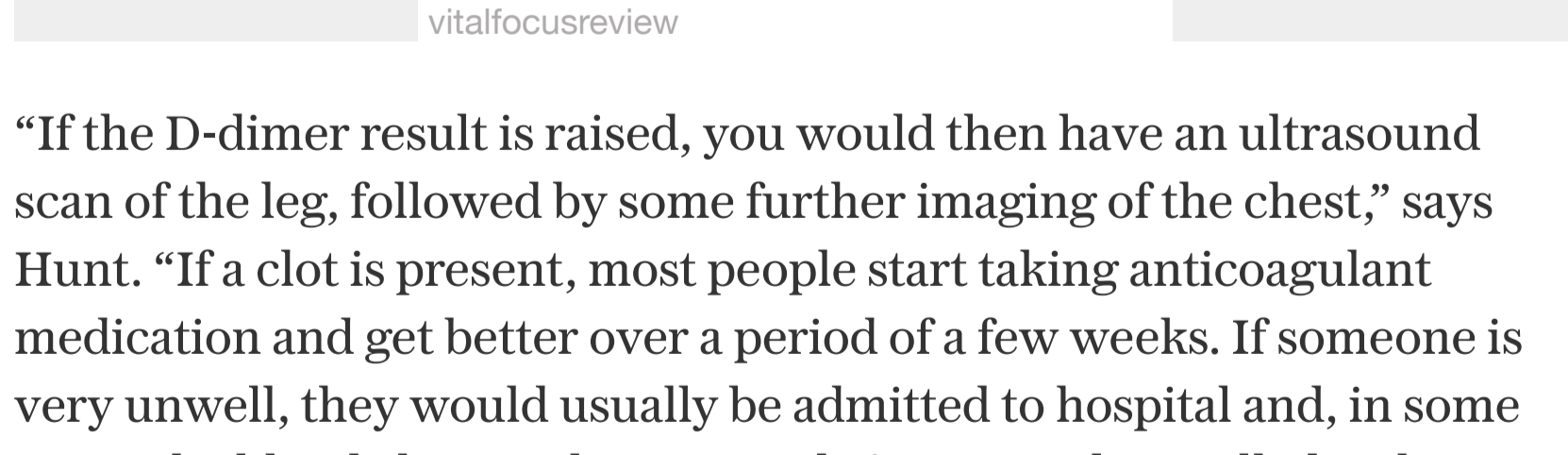
Choose transdermal hormone replacement therapy (HRT): “The risk of blood clot depends very much on the [type of HRT](#) being used,” says Dr Louise Newson, a GP and hormone specialist. “Oral ethinylestradiol tablets and older synthetic progestogens are associated with a small increased risk of clot, whereas body identical estradiol does not increase clot risk, especially when used as a patch, gel or spray.”

Know your risk

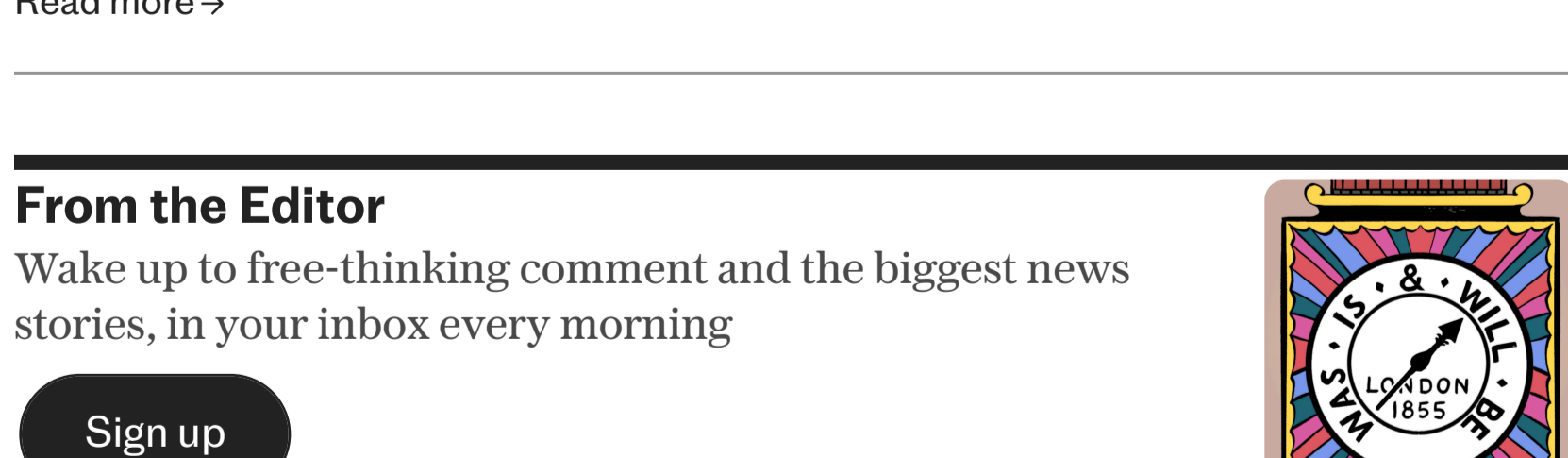
“When you go to hospital in the UK, your risk of DVT will automatically be assessed and you will be offered blood thinners if your risk is high,” says Hunt. “GPs will ask if there's a family history of clots before prescribing the contraceptive pill. If there is, they should prescribe the progesterone-only pill, as the oestrogen in the combined pill slightly increases the risk of clotting.”

How is DVT diagnosed and treated?

If your doctor suspects DVT, a simple blood test called a D-dimer can detect a protein fragment that your body makes when a blood clot dissolves. It's usually detectable only at a low level unless your body is forming or breaking down blood clots.



“If the D-dimer result is raised, you would then have an ultrasound scan of the leg, followed by some further imaging of the chest,” says Hunt. “If a clot is present, most people start taking anticoagulant medication and get better over a period of a few weeks. If someone is very unwell, they would usually be admitted to hospital and, in some cases, the blood clot may be removed via a procedure called catheter-directed embolectomy.” This involves a tube being inserted in the groin or the neck so the clot can be removed using suction.



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