

WARFARIN

e.g. once daily. The daily maintenance dose is usually 3-9mg.

Indication prevent deep vein thrombosis and pulmonary embolism, often in patients with atrial fibrillation or prosthetic heart valves

Medicine Issues/ Tips:

Most common use in primary care is in Atrial fibrillation – AF to prevent stroke. Overall, warfarin reduces the risk of stroke by nearly two-thirds. In other words, warfarin treatment can prevent about 6 in 10 strokes that would have occurred in people with AF. The greatest benefit is seen in those people who are in the high risk category of having a stroke (described above). For example:

- For people with AF who are at high risk of stroke (previous event or >75y with risk factors) about 80-90 strokes will be prevented each year for every thousand people treated with warfarin.
- For people with AF who are at moderate risk of stroke about 25 strokes will be prevented each year for every thousand people treated with warfarin.

The following are commonly advised:

- You should aim to take warfarin at the same time each day.
- If you accidentally miss a dose, NEVER take a double dose 'to catch up' (unless specifically advised by a doctor or by the person who runs the warfarin clinic).
- Seek advice promptly if you think that you have taken too much warfarin by mistake, or have missed any doses.
- ginkgo biloba can increase the level of warfarin in the body whereas
- ginseng can reduce the effect of warfarin.
- Warfarin antagonises the effect of Vit K, and takes 48 – 72 hours to reach full anticoagulant effect.
- An INR within 0.5 units of target value is usually acceptable; larger deviations require dose adjustment. Keep different strengths at home for dose adjustment.
- Usual target INR is 2.5 (sometimes 3.5). INR measures how long it takes blood to clot.

Diet

If there is a major change in diet refer to the warfarin clinic. A major change in diet may mean need closer monitoring and may need a change in warfarin dose. Vitamin K, in particular, in certain foods such as liver, broccoli, Brussels sprouts and green leafy vegetables such as spinach, coriander and cabbage decreases the effect of warfarin. Two other commonly eaten foods that are known to interact with warfarin are cranberry and grapefruit – and they should be avoided. Patients suffering with recurrent peptic symptoms should be referred to GP.

Lifestyle Tips:

- Reduce alcohol intake to safe limits – i.e. 1-2 units per day (3-4 units per day has an effect on INR). Encourage a 48 hour period without alcohol in the system for liver enzymes.
- If a smoker – encourage or offer a plan to quit.
- Take care not to fall/ bruise – report unexplained bruising or nose bleeds to GP practice.
- Give Slips and Trips advice – to avoid falls.

Further reading, CPD & Signposting:

NICE www.nice.org.uk;

Yellow Anticoagulant Treatment Booklets – e-version/ advice: www.npsa.nhs.uk/nrls/alerts-and-directives/alerts/anticoagulant

PJ articles: 20/09/2011 – Warfarin Patients ; BNF Chapter: 2.8.2 Oral Anticoagulants

WARFARIN KEY REVIEW QUESTIONS

<p>WHY ARE YOU TAKING THEM: To keep your blood flowing freely – ‘blood thinning’ – to prevent clots forming in heart/ blood vessels which could lead to a stroke or heart attack.</p>	<input type="checkbox"/>
<p><i>Additional notes:</i></p>	
<p>HOW DO YOU TAKE THEM: What is your current dose? When do you take it? <i>Same time each day – 6pm is useful time, for testing purposes.</i> <i>Check knowledge of strength/ colour coding</i> What was your last INR reading? – and when? Who/Where are you tested? How often? How is your result given to you? <i>Never take a double dose if forget a dose</i> Describe how you record the information? How do you remember to take your dose daily? <i>Explore ‘half’ tablet regimens and alternate day dosing for suitability. Yellow Anticoag’ book?</i></p>	<input type="checkbox"/>
<p><i>Additional notes:</i></p>	
<p>SIDE EFFECTS: Bruising/ blood shot eye/ nose bleeds (>10mins)/ blood stained fluids – may indicate over anticoagulation Nausea/ vomiting; rash; ‘purple toes’; diarrhoea; jaundice; pyrexia.</p>	<input type="checkbox"/>
<p><i>Additional notes:</i></p>	
<p>OTHER DRUGS:</p> <ul style="list-style-type: none"> ▫ Herbal remedies to avoid – ginkgo biloba; ginseng ▫ Change of statin can alter INR retest after 5-7days ▫ Increased use of pain killers (eg paracetamol – more than 5 x500mg per week can affect INR) ▫ Avoid aspirin/ ibuprofen – unless closely monitored and constant dose <p><i>Effects of medication changes normally will affect INR within 5-7 days</i></p>	<input type="checkbox"/>
<p><i>Additional notes:</i></p>	
<p>HEALTH TIPS: Tell dentist you are taking warfarin Reduce alcohol to safe limits – avoid binge drinking – 48hours without alcohol. Offer stop smoking advice/ service/ referral. If recorded BP/ weight/ BMI/ life style monitoring, pass info to GP. Advise on food changes – see over – avoid cranberry.</p>	<input type="checkbox"/>

USEFUL PATIENT INFORMATION: Any leaflets?

NHS Choices: <http://www.nhs.uk/Pages/HomePage.aspx>; **British Heart Foundation** Tel (Heart Help Line): 0300 330 3311 Web: www.bhf.org.uk

AF Society www.atrialfibrillation.org.uk

Anticoagulation Europe www.anticoagulationeurope.org;

Stop Smoking: <http://www.stopsmokingsupportglos.org.uk/>