

## **Anti-Coagulants**

Information for patients taking oral Anticoagulants (Warfarin)

### **PROBLEMS**

If you miss a dose of your oral anticoagulant do not take a double dose the next day. Rather note the date and inform the pathology sister at the time of your next blood test.

Binge eating, fad diets and excessive green leafy vegetables may affect your warfarin requirements.

A regular modest amount of alcohol is permitted.

Excessive alcohol intake is discouraged as it can affect the INR.

Many drugs, particularly antibiotics, interfere with Warfarin, causing the INR to increase or decrease. Every new drug has the potential to interact with Warfarin. You should discuss this with your doctor.

If you are concerned about bleeding or have started or ceased medication, an INR test can be arranged by contacting the laboratory.

Surgery in patients on anticoagulants can result in increased bleeding. If you know that you are going to have surgery or tooth extraction contact the laboratory. An INR test can then be arranged a few days before the surgery. This will be of considerable help to the surgeon or dentist.

Avoid the use of Warfarin in pregnancy. If you are on Warfarin and are planning to become pregnant you should discuss this with your doctor.

The oral anticoagulants 'thin the blood', reducing the ability of the blood to clot.

Warfarin is the most commonly used oral anticoagulant.

Warfarin is available in 1, 2, 3 and 5mg tablets. Ask your doctor for a supply of different strength tablets.

Each strength tablet is different in colour. Tablets can also be broken in half, which can be helpful in obtaining the required dose. For example, a dose of 2.5mg can be achieved by breaking a 5mg tablet in half or by taking a 2mg tablet plus half of a 1mg tablet.

Anticoagulant therapy is monitored by the INR test, which measures how much longer than normal it takes for your blood to clot. Patients who are not on anticoagulants usually have an INR of 1.0 whilst those on anticoagulants usually have an INR in the range of 1.7 - 3.5.

Each patient has a specific target INR range.

Generally those with artificial heart valves have a target INR range higher than those who are on anticoagulants for stroke prevention. A high INR above your target range indicates an increased chance of bleeding and your dose of Warfarin may need to be reduced.

Determining your dose:

You must take the exact dose of anticoagulant advised. Try to have your tests on the day specified. Try to have your INR test in the morning. This gives the laboratory enough time to have your result available by late afternoon.

It may take many days or even weeks to become stable on Warfarin. The INR test initially is performed daily and as patients become stable it is performed less frequently. Hopefully with time it

can be performed monthly. We recommend that INR testing, even in very stable patients, should never be performed more than 6 weeks apart. Some patients however never become stable and require more frequent testing.