



Victorian Heart Centre

WARFARIN THERAPY

A guide for patients



Epworth

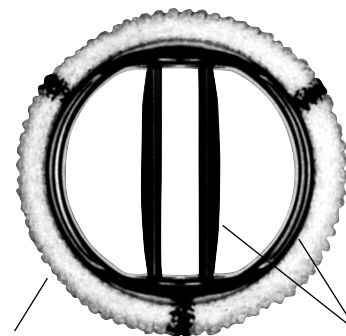
Warfarin is an anti-coagulant drug that stops the formation of abnormal blood clots in the heart and blood vessels. These blood clots can stop blood flow in any part of the body and can be life threatening if a large clot goes to the brain, heart, lungs or other critical organs. Warfarin is commonly called a “blood thinner”.

Several conditions may cause abnormal blood clotting, as follows.

- An artificial heart valve, on which substantial clots can form because the valve is a foreign body. Life-long warfarin treatment is usually prescribed.
- Atrial fibrillation, an irregular heart beat that causes stagnant pooling of blood in the left atrium. The irregular

blood flow can cause small clots to form. When these clots are pumped out of the heart, they can travel to the brain (or other organs) and cause stroke. Warfarin treatment lasts until the arrhythmia is corrected.

- Deep vein thrombosis (DVT), in which one or more blood clots form in a leg. DVT can be caused by recent surgery, childbirth, respiratory failure, immobility, age, obesity, or heart failure. Treatment is usually recommended for three months to a year, depending on progress; sometimes treatment may be life-long.
- Pulmonary embolism, in which a blood clot (often from the leg) has trav-



Polyester sewing cuff

Carbon and tungsten structure

Warfarin therapy is important in patients with an artificial heart valve because blood clots can form on the surfaces of the valve.

elled to the lungs and become lodged in a large vessel. It can be life threatening and requires aggressive treatment.

- Heart attack – If prescribed, warfarin treatment may last for several months.

Warfarin Doses

Initially, doses of five to 10 milligrams are given. In a few days, the effect of warfarin can be measured. A blood test known as an INR (International Normalised Ratio) is then performed. Based on the results of the INR test, the dose of warfarin is increased or decreased.

The best INR for you depends on the condition being treated. For example, patients with artificial heart valves have a target INR of 2.5 to 3.5. This means that thrombin takes 2.5 to 3.5 times longer to clot. For other conditions, such as deep vein thrombosis, pulmonary embolism and atrial fibrillation, the target INR is 2.0 to 3.0.

Initially, you need several tests each

week. This decreases to one per week or fortnightly when the INR is stable. Some patients may only need the test every four to six weeks if they have a stable INR, no interacting medications, and a low risk of bleeding.

INR must be checked regularly. If the INR is too low, the risk of blood-clot formation is likely to increase. As each person responds differently to warfarin, the correct dose must be determined by doing INR tests.

Using Warfarin

For warfarin treatment to be successful, you must follow your doctor's instructions. Do not miss a dose. Take your tablets EVERY DAY at the SAME TIME. If you forget to take a dose, you can still take the dose within three hours. If more time has gone by, do not take the dose. Take your next dose when it is due, and report to your doctor that you have missed a dose. If you miss a dose, NEVER TAKE A DOUBLE DOSE.

Read carefully the Consumer Medicine Information available with warfarin. If you have any questions about the information, ask your doctor or pharmacist. Taking warfarin has a considerable number of DOs and DON'Ts. Be certain to follow all of them.

DIET: As warfarin is counteracted by vitamin K, limit your intake of food rich in vitamin K, such as green leafy vegetables (mustard greens, spinach, brussel sprouts, asparagus, broccoli, cabbage), beans, cheeses, fish, milk, pork, rice, yoghurt and green tea.

OTHER MEDICATIONS: Before taking other medication while on warfarin, check with your doctor. Other medications can interfere with warfarin. This includes medications for common colds, pain relief (such as aspirin), antibiotics, laxatives, multivitamins and herbal remedies.

ALCOHOL INTAKE: Drink in moderation, and never binge drink because it may seriously alter the INR reading.

Possible Complications

The greatest risk for patients on warfarin is excessive bleeding. Patients should report any signs of bleeding to their doctor.

Risks include cuts that bleed longer than usual, excessive nose bleeds, unusually heavy menstruation, bleeding gums, red or pink urine, dark or black bowel movements, persistent diarrhoea, bruising more than normal, vomiting of blood, and coughing up blood.

TALK TO YOUR DOCTOR OR NURSE

This leaflet is intended to provide you with information and is not a substitute for professional advice. It does not contain all of the known facts about warfarin therapy. There may be other adverse side effects that are not listed in this leaflet.

If you are not certain about the benefits, risks and limitations of treatment, be sure to ask your doctor or nurse.

It is important that you have enough information about benefits and risks so you can make an informed decision about having treatment.