

Oral Anticoagulant for use in atrial fibrillation (AF)

Warfarin vs. Direct oral anticoagulants (DOACs)

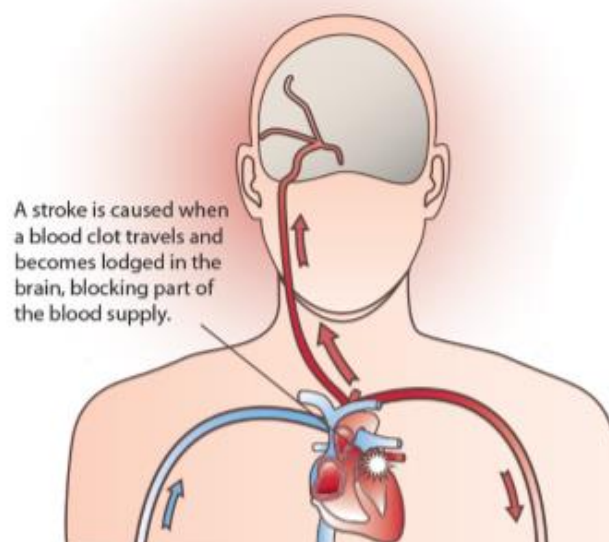
This leaflet aims to answer your questions about anticoagulants that may be prescribed for you when you are diagnosed with Atrial Fibrillation (AF).

Always read the leaflet that comes with your medicine and speak to your doctor or pharmacist if you have any questions or concerns.

Why do you need an anticoagulant?

People with AF are at increased risk of having a stroke. In AF the blood can pool in your heart and form a clot, this clot can dislodge and cause a stroke. Anticoagulants prevent blood from clotting as quickly.

By prescribing an anticoagulant the risk of having a stroke reduces.



Why do I have a choice?

There are options for which oral anticoagulation agent we use. Until relatively recently Warfarin was the only choice for oral anticoagulation but now we have another group of drugs called Direct oral anticoagulant (DOAC) including apixaban and rivaroxaban.

Warfarin

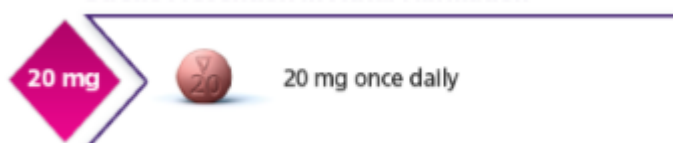
- Takes time to get the right dose and get the INR (a measure of how thin the blood is to the right level) in range.
- We usually aim for INR between 2-3.
- You will need regular blood test to check the INR to make sure you remain on the right dose.
- You will need to watch certain things in your diet and avoid excess alcohol intake.
- Warfarin can interact with other medications. You will need to be careful about other medications including those you buy over the counter and herbal remedies.
- Main advantage is if you were to have a large bleed we have medications to reverse the Warfarin.
- Warfarin is taken once a day and is important you try to take the same time every day.



DOACs (Rivaroxaban/Apixaban)

- With DOACs there is a set dose that always have the predictable effect.
- Unlike Warfarin you do not need frequent bloods test to check on the right dose. You will however need blood test after 3 weeks.
- Unlike Warfarin, diet and alcohol intake does not effect DOACs, however we encourage you to have a healthy balance diet and to consume alcohol within the advised limits.
- A DOAC may not be appropriate at extremes of weight or poor kidney function.
- Main disadvantage is that if you were to have a major bleed, we do not currently have a specific reversal agent.
- The effect of the drugs are short acting and so it is important you take you medication the same time every day, and if you were do miss a dose, the levels will quickly drop and so you may not be covered.

Rivaroxaban is usually 20mg once a day



Apixaban is usually 5mg twice a day



What is Atrial Fibrillation?

AF is a common heart condition that makes your heart beat out of normal rhythm and can beat fast.

Some people with AF do not experience any symptoms. Although if the heart is beating fast some people experience palpitations (feeling of fast heart beat). Other symptoms include:

- Tiredness
- Shortness of breath
- Chest pain
- Dizziness

The heart is made up of four chambers, the left and right atrium (upper heart chambers) and the left and right ventricles (lower heart chambers).

AF causes chaotic electrical activity in the atria, disrupts the hearts normal function.

As a result the atria do not contract properly and your heart cannot pump blood as efficiently, which allows blood to pool in heart and possible form a blood clot.

The cause of AF is not fully understood but more common with:

- Advancing age
- High blood pressure
- Thickening/blockage of blood vessels that supply the heart
- Heart attack
- Heart diseases from birth
- After heart surgery

Long term management

Sometimes in AF anticoagulation can be for a limited period of time but normally people remain on long-term anticoagulant to prevent strokes.

- Warfarin—taken once a day to keep INR between 2-3
- Rivaroxaban—20mg once a day
- Apixaban—usually 5mg twice a day

Side effects

Bleeding is most common side effect of all anticoagulants, as they increase the time it takes for your blood to clot.

Please seek medical advice immediately if any of the following occurs:-

- Suffer a significant blow to the head
- Have been involved in an accident
- Prolonged nosebleeds (over 10 mins)
- Unusual headache
- Blood in your urine, stools or vomit
- Black stools
- Unexplained or severe bruising

If you cut yourself apply pressure as you normally would. It may take longer for the wound to stop bleeding. If the bleeding does not stop within 10 minutes, please go to your local A&E or Minor injury unit.

Further information