

Anticoagulation Therapy

What you need to know and do



How do anticoagulants work?

Although anticoagulants are sometimes called blood thinners, they don't actually thin your blood. They won't break up existing clots either. But they do prevent clots from forming, and they can help keep existing clots from getting bigger.

Anticoagulants work by blocking the action of vitamin K. Your body needs vitamin K to create blood clotting factors. Blocking some of these factors can prevent blood clots—but if too many clotting factors are blocked, you risk excessive bleeding. Therefore, it's important—and tricky—to find just the right balance.

NAME BRAND OR GENERIC?

There are several generic versions of warfarin. Though they may cost less, they often have different potency (strength) than name brand Coumadin. This can affect the balance between clotting factors noted above. Because of the proven consistency of Coumadin, many doctors prefer that you use it instead of a generic. Ask your doctor.

What are

ANTICOAGULANTS and why do I need them?

Anticoagulants are medicines that help prevent clots from forming in your blood. They're often prescribed for people with certain heart, lung, and blood vessel diseases to help prevent heart attacks and strokes. Other than aspirin, the most commonly used anticoagulant is Coumadin (generic name, warfarin).

Though Coumadin is a valuable medicine that has helped millions of people over the years, it's tricky to manage. That's because many factors can dramatically affect how it works—including small changes in dose or dose timing, what you eat or drink, other medications you take, and illness or stress.

You and your doctor must work closely together to manage this important medicine. This handout provides information to help you do that.





How and when do I take Coumadin?

Different people need to take their doses in different ways, and their regimen can change from time to time. That's because how much Coumadin you take can dramatically affect how it works. So follow your doctor's specific instructions about the following:

- **What dose to take.** Coumadin is often prescribed in a weekly dose. Your doctor will tell you exactly how much to take each day of the week to add up to the right weekly dose. Some days you may need to take ½ a tablet. See the bottom of this page for a sample daily dose tracking chart.
- **When to take your dose.** You should take your Coumadin at the same time every day. Many doctors prefer you take it in the evening. That way, if your regular blood test indicates you need a change in dose, you can be notified of that change before your evening dose.
- **What to do if you forget a dose.** If you forget to take your Coumadin, take it as soon as you remember. If it's time for your next dose, take both doses. But never make up more than one missed dose.

TO HELP YOU TAKE YOUR COUMADIN THE RIGHT WAY, USE A PILL BOX. Using a pillbox is a great way to keep track of your daily dose, and to remind you to take your medicine every day. At the beginning of each week, prefill the pillbox with the right dose for each day of week.



How do I know if I'm taking the right dose?

When you're on an anticoagulant, you'll need to have regular blood tests to check your **PT/INR**. A PT/INR test measures how long it takes your blood to form clots—and helps make sure you're taking the right amount of Coumadin.

- **What does PT/INR mean?** **PT** stands for protime, which is the time it takes for your blood to clot. And **INR** stands for "International Normalized Ratio," which is a standard calculation based on your protime.
- **How often do I have to be tested?** When you first start anticoagulation therapy, or when you change doses, you may have to have a PT/INR test every few days or every week or two. Once your PT/INR values become stable, testing can be less frequent. But you'll always need to be tested at least once a month.
- **What should my PT/INR value be?** The target range for PT/INR is usually 2.0 to 3.0, or 2.5 to 3.5, depending on your diagnosis. If your PT/INR test is out of your target, your doctor or clinic staff will contact you. They may ask questions about changes in your diet, your health, and other medications—and may suggest a change in weekly and daily dosing.

▼ **Dose tracker:** Use the following chart to help you track your daily Coumadin dosing instructions. Go to www.ihc.com/CAC for additional dosing charts and trackers.

Date	Tablet strength	Weekly dose	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6/17/05	2 mg	10 mg	1 tablet	1/2 tablet	1 tablet	1/2 tablet	1 tablet	1/2 tablet	1/2 tablet



What else should I know about taking Coumadin?

Many factors affect the action of your anticoagulant. It's important to be aware of these factors, and to follow your doctor's advice carefully.



Food and drink

Vitamin K

Be consistent in the amount of vitamin K-rich foods you eat from day to day. This makes it easier for your doctor to match your Coumadin dose to your intake of vitamin K. Here are a few foods that are rich in vitamin K:

- most green, leafy vegetables
- dark green lettuce
- soybean and canola oils
- avocado
- broccoli
- Brussels sprouts
- cabbage
- cucumber (unpeeled)
- green peas

Alcohol

Avoid or limit alcohol. Daily drinking can decrease your PT/INR. And “binge drinking”—even as few as 2 drinks at a time—can increase it. If you drink and don't want to quit, be consistently moderate in your alcohol intake.

Grapefruit

Don't drink grapefruit juice—or eat grapefruit—at the same time you take your Coumadin. The acid in grapefruit can interfere with the absorption of Coumadin. Still, you can enjoy grapefruit at other times of the day.



Drug interactions

Talking to your doctors

Since so many medicines can affect how your anticoagulant works, you should tell all your care providers ALL medications you're taking. Also, **remind them that you're taking Coumadin.** A doctor needs to know this before prescribing any new medicines.

Medicines to watch for

Call your doctor or anticoagulant clinic if you start, stop, or change your dose of any of these medicines:

- Antibiotics (if you're prescribed a course of 3 days or more)
- Antidepressants
- Amiodarone (Pacerone or Cordarone)
- Cholesterol medicine
- Interferon
- Fluconazole (Diflucan)
- Steroids
- Multivitamins

Pain relief

Avoid aspirin, ibuprofen (Advil, Motrin), or naproxen (Aleve) unless prescribed by your doctor. Taking acetaminophen (Tylenol) is okay—but limit your intake to 1,000 mg a day or less (3 regular tablets, or 2 extra-strength).

Herbal supplements

Don't take herbal supplements without checking with your doctor first.



Illness, stress, and other factors

Illness and stress

Both illness and stress can affect how well Coumadin works. If you've been ill or hospitalized, or had more stress than usual, talk with your doctor. You may need to have more frequent blood tests to help adjust your Coumadin dose during this time.

High-risk activities

Check with your doctor before doing any activity where you risk getting hurt. This includes contact or extreme sports, work that puts you on a ladder or around sharp tools, etc. When you're on Coumadin, an injury could cause serious bleeding.

Pregnancy

Don't take Coumadin if you're pregnant or plan to become pregnant. Coumadin can cause birth defects. Use birth control if you have any chance of pregnancy—and if you find out you're pregnant anyway, stop taking Coumadin right away and call your doctor.

Surgery and dental procedures

Sometimes it's necessary to stop taking Coumadin before surgery. It's usually not necessary, however, to stop taking Coumadin before a dental procedure. Be sure to contact the doctor who manages your Coumadin therapy at least 2 weeks before any procedure is scheduled.

What about follow-up appointments?

Be sure to keep ALL your appointments for blood tests and follow-up appointments. Remember, in most cases, you should have a PT/INR test at least monthly, and a doctor's evaluation at least annually. Together, you and your doctor can make sure you safely get the most benefit from your anticoagulant.



Call your doctor or anticoagulation clinic in these situations:

- **If you start, stop, or change the dose on any of the medicines listed on page 3.**
- **If you've been told to stop your Coumadin before a surgical or dental procedure.** Try to call at least 2 weeks before the procedure is scheduled. Your doctor may need to give you a medicine other than Coumadin before and after the procedure.
- **If you've been very ill or hospitalized.** Your doctor can help make sure your current dose fits your current circumstances.
- **If you notice any of these signs of increased bleeding:**
 - Excessive bruising
 - Abnormal bleeding from the nose or gums
 - Pink, red, or dark brown urine
 - Minor bleeding or bright red blood from the bowel
 - Increased menstrual bleeding.



Get emergency care (call 911 or go to the hospital emergency room) if you notice any of the signs below:

- A very bad headache and stiff neck that come on suddenly
- Black, tarry, and smelly loose stools
- Sudden dizziness, faintness, or weakness
- Sudden pain in a joint (like an ankle, knee, wrist, elbow, shoulder, or hip)
- Cloudy vision that came on suddenly
- Cold or numbness in your arm or leg
- Sudden chest pain—with or without shortness of breath
- Trouble talking, or trouble moving one side of your body



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