

Anticoagulants for use in atrial fibrillation

This leaflet aims to answer your questions about anticoagulants that may be prescribed for you when you are diagnosed with atrial fibrillation.

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 I need an anticoagulant?

Atrial Fibrillation (AF) is a condition that affects the heart, causing it to beat irregularly. This prevents the normal flow of blood around the body and can lead to the formation of blood clots. This increases the risk of a stroke occurring. Anticoagulant medicines prevent the blood from clotting as quickly as it normally does to try and stop these clots from forming. The choice is yours as to whether to take an anticoagulant or not. Your GP or specialist will discuss the benefits and risks of anticoagulation with you to help you decide.

What anticoagulants are available?

- Warfarin
- Rivaroxaban
- Dabigatran
- Apixaban
- Edoxaban

Which anticoagulant is right for me?

Warfarin has been used to prevent stroke in people with AF for many years. It requires close monitoring of blood results to ensure the dose is correct and the medicine is working.

Rivaroxaban, dabigatran, apixaban and edoxaban are known as direct oral anticoagulants or DOACs. These medicines can be used instead of warfarin to help prevent strokes in people with AF. Unlike warfarin, they are used at a fixed dose. However they do need regular blood tests to monitor kidney function.

Drug	Benefits	Considerations
Warfarin	<ul style="list-style-type: none">• Many years of experience• Closely monitored to confirm drug is working• There is an antidote for use in an emergency if a serious bleed occurs	<ul style="list-style-type: none">• Requires regular blood tests to check INR (how quickly your blood clots)• Variable dose• Not suitable to be put in a dosette box
Rivaroxaban	<ul style="list-style-type: none">• Similar to warfarin at reducing the risk of having a stroke• Bleeding risk is similar to warfarin• Once a day, fixed dose• Can be put in a dosette box	<ul style="list-style-type: none">• Increased risk of bleeding in the stomach or elsewhere in the gut• No antidote to reverse effects if a serious bleed happens (procedures that can be carried out to stop the bleeding)• Requires regular blood tests at GP surgery to check renal function

Drug	Benefits	Considerations
Dabigatran	<ul style="list-style-type: none"> • Reduces the risk of having a stroke more than warfarin when used at the highest dose • Reduced bleeding risk at lower dose compare to warfarin • Twice a day, fixed dose • There is an antidote for use in an emergency if a serious bleed occurs 	<ul style="list-style-type: none"> • Increased risk of bleeding in the stomach or elsewhere in the gut at higher dose (which is the usual dose) • Requires regular blood tests at GP surgery to check renal function • Not suitable to be put in a dosette box
Apixaban	<ul style="list-style-type: none"> • Reduces the risk of having a stroke more than warfarin • Lower risk of bleeding that warfarin • Twice a day, fixed dose • Can be put in a dosette box 	<ul style="list-style-type: none"> • No antidote to reverse effects if a serious bleed happens (procedures that can be carried out to stop the bleeding) • Requires regular blood tests at GP surgery to check renal function
Edoxaban	<ul style="list-style-type: none"> • Reduces the risk of having a stroke more than warfarin • Lower risk of bleeding than warfarin • Once a day, fixed dose • Can be put in a dosette box 	<ul style="list-style-type: none"> • Increased risk of bleeding in the stomach or elsewhere in the gut at higher dose (which is the usual dose) • No antidote to reverse effects if a serious bleed happens (procedures that can be carried out to stop the bleeding) • Requires regular blood tests at GP surgery to check renal function

How to take your anticoagulant

It is important to take your anticoagulant regularly as directed by your doctor or the anticoagulation clinic. If you do not take your anticoagulant regularly it may not work. If you have not been taking your medicine correctly it is important you tell your GP.

Warfarin: **once daily** as directed by the anticoagulation clinic

Rivaroxaban: 1 tablet **once daily** (at the same time each day)

Dabigatran: 1 capsule **twice daily** (every 12 hours)

Apixaban: 1 tablet **twice daily** (every 12 hours)

Edoxaban: 1 tablet **once daily** (at the same time each day)

Medications and food

It is important to remember that some lifestyle factors can influence how well your anticoagulant works. Please speak to your pharmacist or GP if you begin taking any new medications or stop taking those that you use regularly, even if you buy them over the counter. This especially applies to aspirin and anti-inflammatory drugs such as ibuprofen. This also applies if you have any major change in diet or alcohol intake.

Patient alert cards & information booklets

Each of the anticoagulants have a patient alert card that you must carry with you. In an emergency this allows others to know you are taking an anticoagulant and treat you appropriately. It should also be shown to other healthcare professionals like your pharmacist and dentist so they know which medicine you are taking.

Each of the anticoagulants also have a patient information booklet. These booklets give more information about the anticoagulant and answers some of the commonly asked questions.

Ask your GP for the alert card and information booklet that matches the medicine you are taking or going to start taking.

If you need any further information:

- Ask your pharmacist
- Speak to your GP practice