

## SIDE EFFECTS ASSOCIATED WITH ANTICOAGULATION



### Q15. What are the side effects to taking blood thinning medication?

Anticoagulants may cause internal bleeding, or make bleeding from a minor injury worse. Any of the following symptoms could mean that your dose of anticoagulants may be too high:

- ♥ Cuts which bleed for longer than normal
- ♥ Bleeding that does not stop by itself
- ♥ Nose bleeds that last for more than a few minutes (If a nose bleed lasts for more than 20 minutes, you must go to your GP's surgery)
- ♥ Bleeding gums
- ♥ Severe bruising
- ♥ Red or dark-brown urine
- ♥ Red or black bowel movements
- ♥ For women, heavier bleeding during periods, or other vaginal bleeding that is not caused by periods

If you are worried, you can contact your GP, anticoagulant (blood) clinic, or the accident and emergency department at your local hospital. Take your anticoagulation treatment booklet and any other medicines you are currently taking with you.

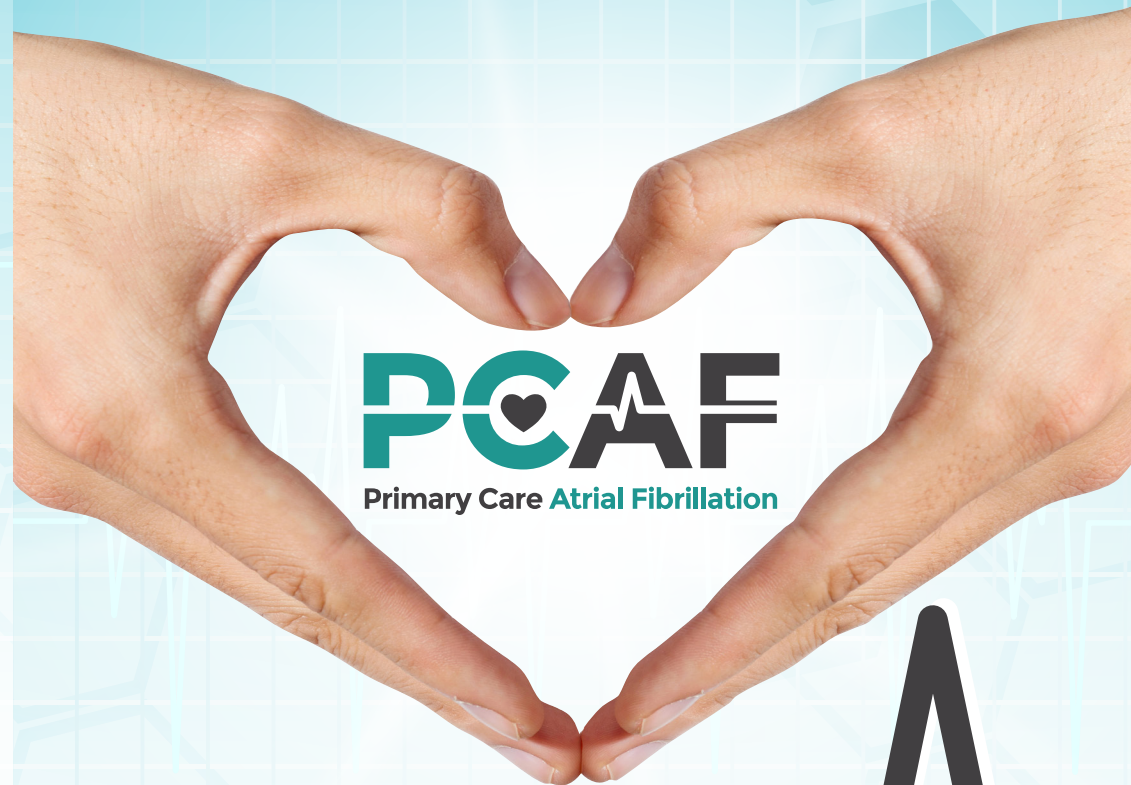
### Q16. Do the new drugs (NOACs) have any side effects?

All anticoagulants are associated with side effects. In clinical trials, more patients stopped taking NOACs than warfarin because of side effects. For example, Dabigatran caused more gastrointestinal symptoms than warfarin (e.g., indigestion, stomach ache), whereas Rivaroxaban caused more nose bleeds and haematuria (blood in urine) than warfarin.

### Q17. Do the new drugs interact with other medicines, food or alcohol?

The new drugs have fewer potential interactions with other medicines when compared with warfarin, and at present there are no known interactions with specific foods or alcohol.

There are some medicines that the new drugs do interact with, so you should inform your GP or Pharmacist of the names of all your medicines you are taking (including over the counter medicines), vitamins and herbal supplements such as St Johns Wort.



**PCAF**  
Primary Care Atrial Fibrillation



## Atrial Fibrillation Check-up

### Patient Information

### Frequently Asked Questions

## THE CHECK-UP

### Q1. Why have I been invited to my GP practice for a check up?

You have been invited for a check-up as you have been identified as being at high risk of having a stroke.

### Q2. Why am I at high risk of having a stroke?

You are at high risk of stroke because you have a heart condition called Atrial Fibrillation (AF) and may not be currently treated with the best medications available.

### Q3. What will I need to bring to the check-up?

You do not have to bring anything to the check-up, just yourself!

### Q4. What will happen during the check-up?

The Heart Specialist will ask you a few questions about how you are feeling, s/he will also check your pulse and review what current medications you are taking. You will not have to do any 'tests' or remove any clothing during the check-up.

## STROKE RISK

### Q5. What is Atrial Fibrillation and how can it cause a stroke?

AF is a condition that affects the heart, causing it to beat irregularly. People with AF may be at an increased risk of blood clots because their heart does not pump blood around the body as efficiently as usual. This means they may be more likely to have a stroke, which can happen if a clot travels towards the brain and blocks an artery, stopping the blood flow.

### Q6. How can blood clots be prevented to avoid me having a stroke?

To prevent blood clots from happening you will need to take a medication to thin the blood; these medications are known as anticoagulants, an example of a blood thinning medication is warfarin.

### Q7. What medication am I currently taking?

You may not be currently taking any medication or you may be taking an anti-platelet drug (e.g. aspirin or clopidogrel). These drugs do thin the blood but not enough to reduce the risk of stroke in patients with AF; this is why you need to come in for a check-up.

## MEDICATIONS

### Warfarin

### Q8. Will I be offered medication to reduce my stroke risk?

If the Heart Specialist feels that you have no contra-indications to particular drugs then you may be offered medication to reduce your risk. You may be offered a drug called warfarin which is a blood thinning medication. However, if you are unable to take this for any reason then you may be offered an alternative drug.

### Q9. What are the advantages of taking warfarin?

If you take warfarin your risk of stroke will be reduced by over 60%. In comparison, aspirin reduces the risk of stroke by approximately 20%.

### Q10. Will I have to have my blood checked regularly if I take warfarin?

Yes, you will have to have regular blood tests to make sure your blood is not getting too thin and stays within a certain range (called the International Normalised Ratio or INR). Your INR is measured by a finger-prick blood test.

When you start taking warfarin, you may need to have INR blood tests two to three times a week. Once the right level is reached to treat your condition, you may be able to have tests less frequently (e.g. once a month). It is important that you have your blood tested as recommended by your anticoagulation (blood) clinic.

The level of warfarin you need can vary over time and can be affected by your lifestyle, for example there are certain foods and drinks that can affect the level of how thin the blood is.

### New Oral Anticoagulants (NOACS)

### Q11. Is there an alternative to taking warfarin?

Yes, there is an alternative to taking warfarin and these drugs are new types of oral anticoagulants and they are referred to as NOACs. They are used to lower the risk of blood clots in people with AF and other factors for stroke.

### Q12. Will I be offered a NOAC?

National and local NHS guidelines stipulate that, where appropriate, you should be offered and started on warfarin in the first instance, unless you are unable to take it (e.g. if you are contraindicated). If you are able to take warfarin, the Heart Specialist will provide you with all the facts, risks and benefits associated with the drug and offer you the treatment. Warfarin would be the preferred

treatment to start you on, however if after learning and understanding all the facts, risk and benefits associated with warfarin, you decline to try warfarin then you may be offered a NOAC. Alternatively, if for some reason you are not able to take warfarin then you may be offered a NOAC.

### Q13. Are regular blood tests needed to monitor the new agents?

There is no need for regular blood tests to monitor the new drugs. However, a blood test may be needed to measure how well the kidneys are working before starting treatment

### Q14. Do the new drugs cause less bleeding than warfarin?

As all of the anticoagulants (warfarin and the NOACs) affect blood clotting, you may experience side effects such as bruising and bleeding. In recent clinical trials, the new drugs caused less bleeding into the brain than warfarin.

However, the clinical trials also found stomach and bowel bleeding occurs more often in the new drugs than warfarin.

Currently, there is no known antidote to NOACs, as is the case with other short acting antithrombotics such as the widely used low molecular weight heparins. Supportive therapy including surgical interventions and transfusions with blood products such as packed cells, fresh frozen plasma, or coagulation factor replacement may be necessary in case of severe bleeding. Research is underway to produce a specific reversal agent in the future.

