Clinical Commissioning Groups

ANTICOAGULATION for **Atrial Fibrillation**

Patient Information Leaflet

Anticoagulation for atrial fibrillation

This leaflet is designed to help you make a decision about which type of medicine you would prefer to take to help reduce your risk of stroke.

Atrial fibrillation is when your heart has an irregular heart beat and may not pump blood out of your heart and around your body as well as it should. Sometimes it can cause your heart to beat very fast and this can make it pump less well. Often medicines have to be given to slow the heart rate down.

When you have atrial fibrillation your blood is more likely to form clots in the heart. Sometimes a clot can travel to the brain and cause a stroke. A stroke is when one of the blood vessels in the brain gets blocked by a clot and that part of the brain gets damaged. This could lead to a weakness of your arm, leg or face, speech problems or visual problems.

Anticoagulants are medicines which thin the blood and reduce your chance of having a stroke. The downside is that when your blood is thinner, you are more likely to bleed.

You may have heard of a drug called Warfarin which has been around for a long time. This used to be the only anticoagulant available but now there are others available, such as Dabigatran, Rivaroxaban, Apixaban and Edoxaban.

It is very important that you let all health care professionals know you are taking an anticoagulant medicine because it will increase your chances of bleeding.

	Warfarin	Newer anticoagulants (Dabigatran, Rivaroxaban, Apixaban, Edoxaban)
History	A medicine which has been around for a long time for use an anticoagulant	These medicines have been around since 2009 so there is a shorter safety history
Blood tests	Regular blood tests (INR) are needed to monitor this medicine. In the beginning this may be every few days, but will settle down to once every 4-6 weeks	No blood testing is required for monitoring. You will need an annual blood test to make sure you are on the correct dose
Reversal	There is a specific treatment available to reverse the effects of Warfarin if you are bleeding	Only Dabigatran has a specific treatment to reverse its effects. However, the newer anticoagulants wear off more quickly than Warfarin
Interactions	Warfarin is affected by things like food, alcohol and other medications. This means you may need more frequent blood monitoring if you take any new medicines such as antibiotics	These medicines are not significantly affected by food, alcohol or other medicines
Adherence	Warfarin stays in the body for a long time so it is less risky if you forget to take a dose. It is also monitored regularly to ensure your blood is thin enough	These medicines stay in the body for a shorter time so it is very important not to miss a dose, as your blood may not be thin enough to prevent a stroke
Frequency	Warfarin is taken once a day but cannot be put into a blister pack or medicines compliance aid	Dabigatran – twice a day, not for a blister pack Rivaroxaban – once a day, can be put in a blister pack Apixaban – twice a day, can be put in a blister pack Edoxaban – once a day, can be put in a blister pack



All drug related advice herein is supported by the BNSSG Formulary.

The Don't Wait to Anticoagulate Project is a collaboration between Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups and the West of England Academic Health Science Network.

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups South Plaza Marlborough Street Bristol, BS1 3NX

For further copies of this leaflet or if you need it in another format or language please contact Joseph Poole on 0117 900 2294, email: joe.poole@nhs.net