



British Heart
Foundation

Anticoagulant medicines

What are they?

Anticoagulant medicines prevent harmful blood clots from forming. They are sometimes called blood thinners, but they do not actually thin the blood. Instead they increase the time it takes for your blood to form a clot.

There are two main types:

- Warfarin – which is still the most commonly prescribed anticoagulant in the UK today
- NOACs (which stands for ‘new oral anticoagulants’) and includes dabigatran, rivaroxaban and apixaban.

Which anticoagulant you are given depends upon the condition it is treating, other medical conditions you may have, and what you and your doctor agree is best for you.

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Taking anticoagulant medicines

Why might I be prescribed one?

Anticoagulants are taken to prevent clots from forming in your blood. If a blood clot forms and becomes lodged in a small blood vessel in your brain, heart or lungs, it could lead to a stroke, heart attack or a pulmonary embolism (a clot in the lung). All of these conditions can be life-threatening and need urgent medical attention.

Blood clots can also form if you have recently had a hip replacement or abdominal surgery, have to stay in bed for a long time, or if you have a genetic blood clotting disorder.

You may be prescribed warfarin if you have atrial fibrillation (an abnormal heart rhythm) or if you have had a mechanical heart valve replacement.

How long do I need to take an anticoagulant for?

This will depend on why you have been given an anticoagulant. You may only need to take it for a few months, or you may need to take it for the rest of your life.

It is important that you take your anticoagulant medicine as prescribed, as it will greatly reduce your the risk of having a stroke.

Never stop taking your anticoagulant medicine unless you are told to do so by your doctor.

Can children take anticoagulants?

Yes, some children will need to take an anticoagulant as part of their treatment. Particularly if they have had heart surgery that carries a high risk of blood clots developing, or if they have been fitted with a mechanical heart valve.

Children on anticoagulants should avoid contact sports such as rugby and karate. Horse riding is potentially dangerous because they could be injured if they fall off the horse. Make sure your child wears a helmet while cycling. Try to encourage safer sports such as swimming, tennis and badminton if possible.

Make sure that teachers and other carers know what to do if your child has any of the side effects listed overleaf.

The different types of anticoagulant medicines

Warfarin

You will need to have regular blood tests to make sure you are getting the right dose of warfarin. This blood test – called an INR (International Normalised Ratio) – measures how much longer it takes your blood to clot and tells your doctor what dose of warfarin you should take. Everyone needs a unique dose of warfarin for their particular condition and when you first start taking warfarin, you may need to have INR checks two to three times a week. These will become less frequent once the right level is reached to treat your condition. Make sure you record your INR result and the dose of warfarin you are taking in your anticoagulation record booklet (usually a yellow booklet).

Vitamin K is a vitamin that helps the blood to clot. Warfarin interferes with the production of vitamin K, preventing the blood from clotting so easily. It will not dissolve clots that already have formed, although it can help prevent an existing clot from getting larger.

Heart Helpline

Our cardiac nurses and information support officers are here to answer your questions and give you all the heart health information and support you need.

Call us on 0300 330 3311

Similar cost to 01 or 02 numbers.
Lines are open 9am - 5pm Monday to Friday.

This information does not replace the advice that your doctor or nurse may give you. If you are worried about your heart health in any way, contact your GP or local healthcare provider.

The amount of warfarin in your bloodstream can change very quickly, and what you eat can have an effect on this. Avoid cranberry juice and cranberries as they can increase the effect of warfarin, and so increase the risk of bleeding. Foods that are high in Vitamin K, such as liver, Brussels sprouts and broccoli, can also prevent warfarin from working as it should. But, it's important to eat a variety of fruit and vegetables so don't stop eating them altogether. Instead try and eat a set quantity of them regularly, which will mean the level of vitamin K in your blood stream will stay fairly constant.

Alcohol can significantly affect the level of warfarin in your bloodstream, so it is vital that you drink within the recommended limits and avoid binge drinking.

It's a good idea to let the doctor or nurse who prescribes your warfarin know about any sudden changes to your diet, or before taking any over-the-counter medicines, food supplements or natural remedies as these could also affect your INR.

NOACs

Dabigatran, rivaroxaban and apixaban have all been approved for use for people who have atrial fibrillation, to reduce the risk of stroke. Or, you might need to take one of these medicines if you can't take warfarin, or if warfarin doesn't work well for you. However, you cannot take them if you have a heart valve problem or if you have had heart valve surgery.

The main benefit of NOACs is that you don't need to have your blood tested regularly, like you do with warfarin. They are also not affected by the amount of vitamin K in your diet.

What are the side-effects?

The main side effect of taking any anticoagulant medicines is bleeding. It may cause internal bleeding, or make bleeding from a minor injury worse.

Any of the following symptoms could mean that your dose of anticoagulant needs to be checked:

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

If you suffer a head injury, such as falling and hitting your head, or experience a blow to the head, seek medical help without delay to rule out internal bleeding which may not be immediately obvious.