



YOU AND YOUR TREATMENT: STARTING ON WARFARIN

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WHAT IS THIS PILL FOR?

Warfarin is a blood thinner given to people whose blood is more likely to clot than normal. It prevents the clots forming that could cause strokes and heart attacks.

WHY AM I BEING ADVISED TO TAKE IT?

Some conditions such as abnormal heart rhythms (including one type of abnormal rhythm called atrial fibrillation) lead to a risk of small blood clots developing. This is because blood does not flow through the blood vessels in the heart efficiently. Warfarin 'thins' the blood a little so that the blood flow is 'smoother'.

WHAT DOSE SHOULD I TAKE?

The dose of warfarin depends on your medical condition and may change from day to day. Warfarin tablets come in several different strengths so the right dose can be given for you. The dose will be worked out by checking how thin your blood is and altering the amount you take accordingly. You will be given a card that will tell you the right dose for you to take.

WHEN SHOULD I TAKE IT?

Warfarin is taken at the same time every day. This is important so that any blood tests you have give a reliable result as to how thin your blood is.

HOW WILL I KNOW IT IS WORKING?

People taking warfarin have regular blood tests called INR tests (INR stands for International Normalized Ratio). This test will help decide whether the dose you are on is sufficient or whether you need a higher or lower dose, depending on which medical condition is being treated. The result will be written on a card that you should carry with you at all times.

HOW LONG SHOULD I TAKE IT FOR?

You should never stop taking warfarin without medical advice. The length of treatment varies according to the condition being treated so you should check with your GP, nurse or pharmacist. Many people stay on warfarin for life and taking the tablets becomes part of their daily routine.

WHAT SIDE-EFFECTS MIGHT I EXPECT AND HOW COMMON ARE THEY?

Warfarin thins the blood so this means that you should be aware of the small risk of bleeding. This includes prolonged bleeding after an injury, nosebleeds, abnormal bruising or bleeding internally, which may be seen when going to the toilet. You should let your doctor, nurse or pharmacist know if any of these problems occur. It is important to remember, however, that the likely benefits from warfarin are greater than the risks for the vast majority of people, which is why it has been prescribed for you.

WHAT IF I DECIDE THAT I DO NOT WANT TO TAKE THESE PILLS?

Your doctor or nurse will have advised you to take these tablets because you are likely to benefit from reducing your risk of a heart attack or stroke. It can sometimes be hard to understand why you should have to take a tablet, possibly for the rest of your life. Nonetheless, it is worth remembering that medical studies have proven the benefit of these pills in reducing the risk of heart attack or stroke.

IS THERE AN ALTERNATIVE?

There are other drugs, such as aspirin, that can be used to thin the blood. Overall, however, your prescriber will have taken these options into account before choosing warfarin as the best treatment for you. You may like to discuss this decision with your prescriber if you would like to know more.

IS THERE ANY RISK THAT MY BLOOD WILL GET TOO THIN?

Regular INR blood tests will ensure that your blood is kept at the right level for your condition. That is why it is important to attend for tests. You will need regular tests at first but fewer tests as time goes on.

ANYTHING ELSE I NEED TO KNOW?

Several other tablets and some foods can alter the thinness of your blood and can affect your INR and warfarin dose. These include aspirin, ibuprofen and similar drugs, some vitamin pills, alcohol and green leafy vegetables and cranberry juice, to name just a few. You should discuss this with your doctor, nurse or pharmacist.



ANY OTHER QUESTIONS?

Talk to your doctor, nurse or pharmacist or go to www.ampath.co.za; www.lifehealthcare.co.za; www.health24.com