

Prescriber decision support – Warfarin

The decision about whether to start treatment with warfarin or a Non Vitamin K Oral Anticoagulant (NOAC) should be made after an informed discussion between the prescriber and the patient about the relative risks and benefits of each agent.

INR (international normalised ratio) control

INR control is defined as time in therapeutic range (TTR) $\geq 65\%$. Factors to consider in improving TTR:

- Patient education.
- Concordance - identify patients with poor compliance by comparing recommended dose over 3-6 months with quantity of prescription issued.
- Inconvenient or inappropriate monitoring arrangements – confirm suitability of arrangements for each patient.
- Consider domiciliary monitoring arrangements for patients with reduced mobility.
- Lifestyle factors, e.g. alcohol consumption, diet.
- Drug interactions.

Take action to minimise the effect of any factors that can adversely affect INR control. For all patients deemed to have previously failed on warfarin therapy, establish all the relevant anticoagulant treatment history. Confirm the evidence to support proposed reason for treatment failure. For example:

- Failed monitoring arrangements – did the patient attend an anticoagulation monitoring service?
- Labile INR – did the patient achieve a therapeutic INR?
- Bleeding complications – was the bleed major/minor? Confirm INR at time of bleed.
- Drug interactions – any change to concurrent therapy should be considered.
- Serious adverse effects – was this documented in patient records?

Key points - Warfarin

- Warfarin has been the mainstay of oral anticoagulation for more than 50 years.
- Warfarin activity/effect can be measured easily by an INR and may help give an indication to compliance.
- Availability of antidote for the reversal of anticoagulant effect.
- All NOACs are licensed for prevention of stroke in non-valvular atrial fibrillation (NVAf) plus at least one additional risk factor. Warfarin is licensed for use without additional risk factors present.
- Warfarin - time to peak effect ranges from 3-5 days.
- Warfarin has many drug-drug and certain food interactions which may require additional INR monitoring or which may prevent concurrent use.
- Patients may have difficulty around INR monitoring.