

## **Oral Anticoagulant in the management of DVT/PE**

### **Warfarin vs. Direct oral anticoagulants (DOACs)**

This leaflet aims to answer your questions about anticoagulants that may be prescribed for you when you are diagnosed with DVT/PE.

Always read the leaflet that comes with your medicine and speak to your doctor or pharmacist if you have any questions or concerns.

#### **Why do you need an anticoagulant?**

You have been diagnosed with either a Deep Vein Thrombus (DVT) a clot in the legs of the leg or Pulmonary Embolus (PE) a clot in the lung. The doctor wants to prescribe you an oral anticoagulant to:-

- a. Prevent the clot from getting any bigger
- b. Give you symptomatic relief (make you feel better)
- c. Prevent further clots from forming

Anticoagulants are medications we use to thin the blood, slow the time taken for blood to clot and help prevent further clots.

#### **Why do I have a choice?**

There are options for which oral anticoagulation agent we use. Until relatively recently Warfarin was the only choice for oral anticoagulation but now we have another group of drugs called Direct oral anticoagulant (DOAC) including apixaban and rivaroxaban.

#### **Warfarin**

- Takes time to get the right dose and get the INR (a measure of how thin the blood is to the right level) in range.
- We usually aim for INR between 2-3.
- You will need to continue with Dalteparin (injections) until the INR is at the right level.
- You will need regular blood test to check the INR to make sure you are on the right dose.

- You will need to watch certain things in your diet and avoid excess alcohol intake.
- Warfarin can interact with other medications. You will need to be careful about other medications including those you buy over the counter and herbal remedies.
- Main advantage is if you were to have a large bleed we have medications to reverse the Warfarin.
- Warfarin is taken once a day and is important you try to take the same time every day.



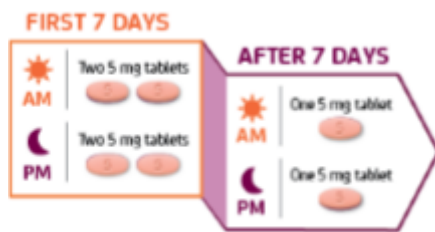
### **DOACs (Rivaroxaban/ Apixaban)**

- With DOACs there is a set dose that always have the predictable effect.
- You can stop the daltaeparin (injections) once first dose is taken, as it takes effect immediately.
- Unlike Warfarin you do not need bloods test to check on the right dose. You will however need blood test after 3 weeks.
- Unlike Warfarin, diet and alcohol intake does not effect NOACs, however we encourage you to have a healthy balance diet and to consume alcohol within the advised limits.
- A DOAC may not be appropriate at extremes of weight or poor kidney function.
- Main disadvantage is that if you were to have a major bleed, we do not currently have a specific reversal agent.
- The effect of the drugs are short acting and so it is important you take you medication the same time every day, and if you were do miss a dose, the levels will quickly drop and so you may not be covered.

**Rivaroxaban** is 15mg twice a day for 3 weeks then 20mg once a day for rest of course.



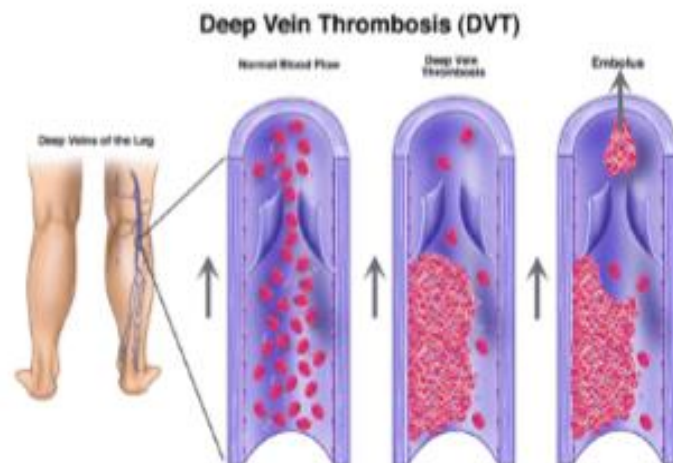
**Apixaban** is 10mg twice a day for 1 week then 5mg twice a day for up to 6 months.



### **What is a DVT (Deep Vein Thrombus)?**

DVT is a blood clot (thrombus) that develops within a deep vein, normally of the leg. Deep veins are a large veins that runs through the muscles of the calf and the thigh. DVT can cause pain and swelling in the leg and may lead to complications such as PE. Some conditions can raise your risk of developing clots. Including:

- having an injury that damages your vein.
- being overweight.
- having a family history of DVT/PE.
- taking birth control pills or hormone therapy.
- smoking (especially heavy usage).
- Age (more common in over 50).
- staying seated for a long time while you're in a car or on a plane.
- Some other diseases and disorders.



### **What is a PE (Pulmonary Embolus)?**

PE is blockage of the artery (major blood vessels) in the lung. The clot usually comes from a DVT, where part of the clot travels up to the lungs. Risk factors are similar to that of DVT.

## **Long term management**

Sometimes the doctor decides to put on long-term anticoagulant to prevent any further clots.

- Warfarin—taken once a day to keep INR between 2-3
- Rivaroxaban—20mg once a day
- Apixaban—2.5mg twice a day

## **Side effects**

Bleeding is most common side effect of all anticoagulants, as they increase the time it takes for your blood to clot.

Please seek medical advice immediately if any of the following occurs:-

- Suffer a significant blow to the head
- Have been involved in an accident
- Prolonged nosebleeds (over 10 mins)
- Unusual headache
- Blood in your urine, stools or vomit
- Black stools
- Unexplained or severe bruising

If you cut yourself apply pressure as you normally would. It may longer for the wound to stop bleeding. If the bleeding does not stop within 10 minutes, please go to your local A&E or Minor injury unit.

## **Further information**