

# Anticoagulation in Atrial Fibrillation

## Patient information



# Introduction

**This leaflet will help you understand your new medicine.** Your new medicine is commonly known as a ‘blood thinner’ because that is what it does. It thins your blood.

## About your medicine

This leaflet tells you about the new medicines for atrial fibrillation (AFib). You should use it in consultation with your healthcare professional. This applies whether you were just recently diagnosed with AFib, or if you were previously taking warfarin.

**Always tell your doctor or healthcare worker you are taking a blood thinner!**

These medicines put you at risk of bleeding and can react with other medicines, so it is very important to inform any doctor or healthcare worker that you are taking them.



## Why am I taking this medicine?

You are taking this medicine because you have **atrial fibrillation (AFib)**. This medicine is a blood thinner.

Most people who are taking medicine for AFib have an especially high risk of blood clots which can lead to stroke. The risk is even higher if you also have other heart disease. This medicine is for preventing blood clots. You may also be taking medicine to treat your irregular heartbeat.

## What is AFib?

AFib is an irregular heartbeat due to your heart beating in a disorganised way. AFib is more common as people get older. About one in every 25 people aged 60 to 65, and one in five people aged 85 and older, develop AFib.

## Why is AFib important?

AFib can cause small blood clots to travel from the heart to the brain, causing a stroke. People with AFib are much more likely to have a stroke than people without AFib. This is why it is so important to treat AFib.

## What is a stroke?

A stroke happens when something interrupts the flow of blood to a part of the brain. There are a few ways this can happen, but in most cases a stroke is caused by a blood clot.

A blood clot is like a blockage in an artery or a vein. The blood clot can happen in the brain itself or it can be carried to the brain by your blood. If the blood clot stops the flow of blood to a part of the brain, a stroke happens.

## What treatments help to prevent strokes caused by AFib?

Until recent years, warfarin was the main medicine used to manage AFib. If you were taking warfarin, your blood was checked regularly to make sure you were getting the right dose of warfarin – not too much, not too little. It is a type of medication called an ‘anticoagulant’ which means it prevents the blood from clotting. Warfarin is very good at reducing the risk of stroke but it can cause bleeding and, sometimes, serious bleeding.

There are now newer medicines that are as good as, or better than, warfarin for preventing strokes.

## What are these newer treatments?

The newer medicines include dabigatran, rivaroxaban, edoxaban and apixaban. They are also known by their trade names **Pradaxa (dabigatran)**, **Xarelto<sup>▼</sup> (rivaroxaban)**, **Lixiana<sup>▼</sup> (edoxaban)** and **Eliquis (apixaban)**.

Like warfarin, these newer medicines are anticoagulants and will help prevent your blood from clotting.

You should learn the name of your medicine, and how to say it, because it is very important to tell other doctors and healthcare workers what medicines you are taking. If you are not sure how to say the name of your medicine, ask your doctor.

## How are these newer treatments different to warfarin?

The new medicines are blood thinners, like warfarin. Medical studies showed that serious bleeding into the brain happened less often with the newer medicines than with warfarin. The studies did not show any increased risk of serious bleeding into other parts of the body compared to warfarin. The newer medicines are also less likely to cause problems with your food or your other medicines.

<sup>▼</sup>This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. Refer to the product SPC to see how to report adverse reactions.

## Are there any reasons not to take the newer treatments?

Serious bleeding can still happen with the newer medicines, just as it can with warfarin. In very rare cases, serious bleeding can cause death. With warfarin, if a bleed happens doctors can use a treatment (antidote) to thicken the blood to help stop the bleeding. The newer medicines, except for Pradaxa (dabigatran), do not have an antidote. However, studies on newer medicines did not show any increased risk of serious bleeding compared to warfarin.

Any risk of bleeding needs to be considered in relation to the risk of stroke and your doctor will advise you.

## Which medicine is best for me?

Your doctor will discuss with you whether it is better to manage your AFib with warfarin or with one of the newer medicines. Talk to your doctor about what is best for you.

## Will I need as many checks with the new medicine?

You won't need as much checking with your new medicine. Your doctor may wish to check how your kidneys are working before you start on the new medicine. Your doctor may recommend to also check how your kidneys are working every 6 to 12 months while you are on the medicine. They may also want to do some other checks while you are on the medicine. Your healthcare professional will let you know what tests you need. However, if you feel the medicine is making you sick or you notice any signs of bleeding, you should contact your doctor immediately.

## How will this new medicine help me?

This medicine will make your blood thinner and less likely to clot. If there is less chance that your blood will clot, there is less chance of you having a stroke.

## How do I take the medicine?

It is important to take the medicine the way your doctor explained to you.

**Xarelto (rivaroxaban)** should be taken with food.

**Pradaxa (dabigatran), Lixiana (edoxaban)** and **Eliquis (apixaban)** can be taken with or without food.

You will find a detailed information leaflet in the box your medicine came in. It is very important to read this information and keep it safely so that you can check it if you have any questions. You can also ask your doctor, nurse or pharmacist any questions you have.

Don't take this medicine with other medicines unless your doctor tells you it is okay to do so. You should also tell any other healthcare professional such as another doctor or a dentist, pharmacist, nurse, physiotherapist, or podiatrist if you are taking this medicine. If you have to go to hospital for another reason, tell the doctor or nurse about this medication.

## What if I forget to take my medicine?

If you forget to take your medicine one day, take it when you remember on that day. But - and this is very important - never take an extra dose. If you miss a day, just take your medicine as usual the next day. You will find more information on this in the patient information leaflet that came with your medicine or talk to your doctor, pharmacist, or other health worker.

## Is there anything I should look out for?

Keep an eye out for signs of bleeding. You might find that small nicks and cuts - shaving cuts, for example - bleed for longer or take longer to heal. This is because the medicine makes your blood thinner and less likely to clot. Clotting is how scabs form and cuts heal.

## What are the side effects of this medicine?

### Less serious

- Upset stomach, heartburn, indigestion
- Nausea, diarrhoea
- Mild skin rash or itching

This is not a complete list. There may be other side effects, so if you are worried about something, talk to your doctor. You can also find more information in the leaflet that came with your medicine.

### More serious

- Cuts that won't stop bleeding, nosebleeds or bleeding gums
- Coughing up blood
- Vomiting blood
- Pink or brown urine
- Red or black stools (bowel movements)
- Headache, dizziness, or weakness
- Unusual or unexplained bruising
- Heavier periods than usual

Contact your doctor immediately.



### Very serious

- Difficulty breathing
- Swelling of your face, lips, throat or tongue
- Hives, skin rash or itching
- Chills or fevers
- Painful joints
- Severe bloody diarrhoea
- Severe bleeding or bruising
- Seizures

You may be having an allergic reaction to the medicine. Call an ambulance at once. Dial 999 for emergency services.



### Will this medicine affect my other medicines?

Your doctor or pharmacist will be able to tell you. However, even simple medicines or herbs that you can buy over the counter in the pharmacy – like aspirin or other anti-inflammatories – can react with your new medicine. The safest thing to do is tell your doctor and pharmacist about everything you take. You can find more about this in the patient information leaflet that came with your medicine.

### Are there any foods I can't have?

No. Unlike warfarin, the newer medicines don't interact with food or alcohol.

### What if I need surgery or the dentist?

Talk to your doctor. You may need to stop taking your medicine a few days before surgery or a trip to the dentist. Do not stop taking your medicine without talking to your doctor, surgeon or dentist.

### Where can I get more information?

There will be a detailed information leaflet in the box your medicine came in. Read this leaflet and keep it in case you have more questions. You can also talk to your doctor, nurse or pharmacist about any questions or concerns you may have.

### Patient instructions

Take your medicine exactly as you have been told to.

It is important to take your medication at the same time each day.

Remember, no medicine means no protection against stroke.

Never stop your medicine without your doctor telling you to.

Never take any other medicine without first telling your doctor or pharmacist.

Even simple medicines like aspirin or other anti-inflammatories can react with your new medicine.

Don't take any medicines, not even painkillers, until you speak to your doctor or another healthcare professional.





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