Anticoagulation in Atrial Fibrillation Patient information



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If you are taking other medicines you can use the 'My Medicines' Leaflet to record details and include this medicine onto your list also. If you don't have a 'My Medicines' Leaflet please ask your Pharmacist to give you one and explain how to fill it in.

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. You will find more information in the sections below about why you need to take the medicine, how to take it and other important things you should know about it. You should use this leaflet in conjunction with the advice provided by your healthcare professional (doctor, pharmacist or nurse). You should never stop taking this medicine unless you have been told to do so by your doctor.

About your medicine

Your new medicine is called a 'Direct Oral Anticoagulant' or DOAC for short. It is a type of blood thinner. You might have heard of other types of blood thinners such as Aspirin, Clopidogrel (Plavix) and Warfarin. These all work in different ways to thin the blood. There are a few different DOACs and your doctor will choose the one that is best suited to you (see names of the individual DOACs below).

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 an irregular heartbeat. This is known as atrial fibrillation (AFib).

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 keeps your blood thin and helps to prevent blood clots and stroke.

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 give medicine to prevent blood clots.

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. The DOACs are newer medicines that are now being used instead of warfarin in many people. Like warfarin they are 'anticoagulants' which mean that they prevent the blood from clotting.

The DOACs are as good as or better than warfarin for preventing strokes and medical studies have shown that serious bleeding in the brain happened less often than with warfarin. The DOACs are also less likely to cause problems with your food or your other medicines.

Which medicine is best for me?

Your doctor will discuss with you and choose the one which is most suitable for you. The names of these new DOAC medicines are dabigatran, rivaroxaban, edoxaban and apixaban. They are also known by their trade names Pradaxa (dabigatran), Xarelto (rivaroxaban), Lixiana (edoxaban) and Eliquis (apixaban).

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.

Things to discuss with your doctor before starting a DOAC

Risk of bleeding:

Bleeding can happen with these medicines. If bleeding occurs there are different ways to treat this in hospital if necessary. In very rare cases serious bleeding can cause death. Any risk of bleeding needs to be considered in relation to the risk of stroke and your doctor will advise you in relation to this. If you experience bleeding you should contact your doctor immediately or go to your nearest Emergency Department.

Pregnancy:

Inform your doctor if you are pregnant, or before you conceive if you plan to become pregnant. Use adequate birth control while taking this drug. If for any reason while taking this medicine you suspect you may be pregnant, contact your doctor immediately

Breastfeeding:

Inform your doctor if you are planning to breastfeed while taking this medication

Liver or Kidney problems or Mechanical Heart Valve:

DOACs may not be appropriate to use if you have problems with your liver or kidneys or if you have a mechanical heart valve. Your doctor will discuss this with you.

What checks will I need while I am on this medication?

Your doctor may wish to check how your kidneys and liver are working before you start on the new medicine and every 2 to 12 months while you are on the medicine. They may also want to do some other checks while you are on the medicine to make sure you are on the correct amount. 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.

If you have have difficulty swallowing your medicine whole talk to your doctor, pharmacist or nurse about other ways to take it. Eliquis (apixaban), Xarelto (rivaroxaban) or Lixiana (edoxaban) tablets may be crushed and mixed with water or apple puree immediately before you take it.

Do not break, chew or empty the pellets from Pradaxa capsule since this may increase the risk of bleeding. If you are having difficulty swallowing Pradaxa discuss with your doctor. 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, pharmacist or nurse 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, pharmacist or nurse about this medication.

What if I forget to take my medicine?

If you forget to take your medicine one day see the 'My Information' section at the front for advice about what to do depending on which DOAC medicine you are taking. Also – 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 nurse.

What if I take more medicine than I should?

Tell your doctor immediately if you have taken more than the prescribed dose of your medicine because you may be at increased risk of bleeding. Take the medicine pack with you, even if there are no tablets left. If you take more medicine than recommended, you may have an increased risk of bleeding.

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. If you are feeling tired, weak or generally unwell or not yourself you should talk to your doctor.

What are the side effects of this medicine?

Less serious

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

All medicines have side effects but not everyone will experience them. This is not a complete list. There may be other side effects, so if you are worried about something, talk to your doctor, pharmacist or nurse. You can also find more information in the leaflet that came with your medicine.

More serious

- Cuts that won't stop bleeding, nosebleeds (longer than 10 minutes) or bleeding gums
- Coughing up blood
- Vomiting blood may appear as fresh blood (bright red colour) or appear like ground coffee/flecks of black in the vomit
- Pink/rose coloured or brown urine
- Red or black tarry stools (bowel movements)
- Headache, dizziness, or weakness
- Unusual or unexplained bruising
- · Heavier periods than usual or other vaginal bleeding

Contact your doctor immediately or go to your nearest Emergency Department.

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 or in a health food shop – like aspirin, ibuprofen (Nurofen) 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, these medicines don't interact with food or alcohol.

What if I need surgery, a biopsy or a dental procedure?

Talk to your doctor. You may need to stop taking your medicine a few days before surgery, a biopsy or a dental procedure. 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 important things for you to remember

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, ibuprofen (Nurofen) 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.

F.A.S.T. Signs of stroke

If you have a sudden change in your vision or feel weakness in one side of your body, these are warning signs of a possible stroke and you should **call emergency services immediately on 999**.

You can remember the warning signs of stroke by remembering 'FAST':

F Face Has your face fallen on one side? Can you smile?
A Arms Can you raise both arms and keep them there?
S Speech Is your speech slurred?

Time Call 999 if you spot any of these signs.



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