

## Oral anticoagulants

### Overview

The main use of anticoagulants is to prevent thrombus formation or extension of an existing thrombus in the slower-moving venous side of the circulation, where the thrombus consists of a fibrin web enmeshed with platelets and red cells.

Anticoagulants are of less use in preventing thrombus formation in arteries, for in faster-flowing vessels thrombi are composed mainly of platelets with little fibrin.

Oral anticoagulants antagonise the effects of vitamin K and take at least 48 to 72 hours for the anticoagulant effect to develop fully; if an immediate effect is required, unfractionated or low molecular weight heparin must be given concomitantly.

### Uses

Warfarin sodium p. 99 is the drug of choice for the treatment of systemic thromboembolism in children (not neonates) after initial heparinisation. It may also be used occasionally for the treatment of intravascular or intracardiac thrombi. Warfarin sodium is used prophylactically in those with chronic atrial fibrillation, dilated cardiomyopathy, certain forms of reconstructive heart surgery, mechanical prosthetic heart valves, and some forms of hereditary thrombophilia (e.g. homozygous protein C deficiency).

Unfractionated or a low molecular weight heparin (see under Parenteral anticoagulants below) is usually preferred for the prophylaxis of venous thromboembolism in children undergoing surgery; alternatively warfarin sodium can be continued in selected children currently taking warfarin sodium and who are at a high risk of thromboembolism (seek expert advice).

### Dose

The base-line prothrombin time should be determined but the initial dose should not be delayed whilst awaiting the result.

An induction dose is usually given over 4 days. The subsequent maintenance dose depends on the prothrombin time, reported as INR (international normalised ratio) and should be taken at the same time each day.

### Target INR

The following indications and target INRs for adults for warfarin take into account recommendations of the British Society for Haematology Guidelines on Oral Anticoagulation with Warfarin—fourth edition. *Br J Haematol* 2011; **154**: 311–324:

An INR which is within 0.5 units of the target value is generally satisfactory; larger deviations require dosage adjustment. Target values (rather than ranges) are now recommended.

INR 2.5 for:

- treatment of deep-vein thrombosis or pulmonary embolism (including those associated with antiphospholipid syndrome or for recurrence in patients no longer receiving warfarin sodium)
- atrial fibrillation
- cardioversion—target INR should be achieved at least 3 weeks before cardioversion and anticoagulation should continue for at least 4 weeks after the procedure (higher target values, such as an INR of 3, can be used for up to 4 weeks before the procedure to avoid cancellations due to low INR)
- dilated cardiomyopathy
- mitral stenosis or regurgitation in patients with either atrial fibrillation, a history of systemic embolism, a left atrial thrombus, or an enlarged left atrium
- bioprosthetic heart valves in the mitral position (treated for 3 months), or in patients with a history of systemic

embolism (treat for at least 3 months), or with a left atrial thrombus at surgery (treat until clot resolves), or with other risk factors (e.g. atrial fibrillation or a low ventricular ejection fraction)

- acute arterial embolism requiring embolectomy (consider long-term treatment)
  - myocardial infarction  
INR 3.5 for:
  - recurrent deep-vein thrombosis or pulmonary embolism in patients currently receiving anticoagulation and with an INR above 2;
- Mechanical prosthetic heart valves:
- the recommended target INR depends on the type and location of the valve, and patient-related risk factors
  - consider increasing the INR target or adding an antiplatelet drug, if an embolic event occurs whilst anticoagulated at the target INR.

### Haemorrhage

The main adverse effect of all oral anticoagulants is haemorrhage. Checking the INR and omitting doses when appropriate is essential; if the anticoagulant is stopped but not reversed, the INR should be measured 2–3 days later to ensure that it is falling. The cause of an elevated INR should be investigated. The following recommendations (which take into account the recommendations of the British Society for Haematology Guidelines on Oral Anticoagulation with Warfarin—fourth edition. *Br J Haematol* 2011; **154**: 311–324) are based on the result of the INR and whether there is major or minor bleeding; the recommendations apply to adults taking warfarin:

- Major bleeding—stop warfarin sodium; give phytonadione p. 659 (vitamin K<sub>1</sub>) by slow intravenous injection; give dried prothrombin complex p. 85 (factors II, VII, IX, and X); if dried prothrombin complex unavailable, fresh frozen plasma can be given but is less effective; recombinant factor VIIa is not recommended for emergency anticoagulation reversal
- INR >8.0, minor bleeding—stop warfarin sodium; give phytonadione (vitamin K<sub>1</sub>) by slow intravenous injection; repeat dose of phytonadione if INR still too high after 24 hours; restart warfarin sodium when INR <5.0
- INR >8.0, no bleeding—stop warfarin sodium; give phytonadione (vitamin K<sub>1</sub>) by mouth using the intravenous preparation orally [unlicensed use]; repeat dose of phytonadione if INR still too high after 24 hours; restart warfarin sodium when INR <5.0
- INR 5.0–8.0, minor bleeding—stop warfarin sodium; give phytonadione (vitamin K<sub>1</sub>) by slow intravenous injection; restart warfarin sodium when INR <5.0
- INR 5.0–8.0, no bleeding—withhold 1 or 2 doses of warfarin sodium and reduce subsequent maintenance dose
- Unexpected bleeding at therapeutic levels—always investigate possibility of underlying cause e.g. unsuspected renal or gastro-intestinal tract pathology

### Advanced Pharmacy Services

Children taking oral anticoagulants may be eligible for the New Medicines Service / Medicines Use Review service provided by a community pharmacist. For further information, see *Advanced Pharmacy Services* in Guidance on prescribing p. 1.

## Parenteral anticoagulants

### Anticoagulants

Although thrombotic episodes are uncommon in childhood, anticoagulants may be required in children with congenital heart disease; in children undergoing haemodialysis; for