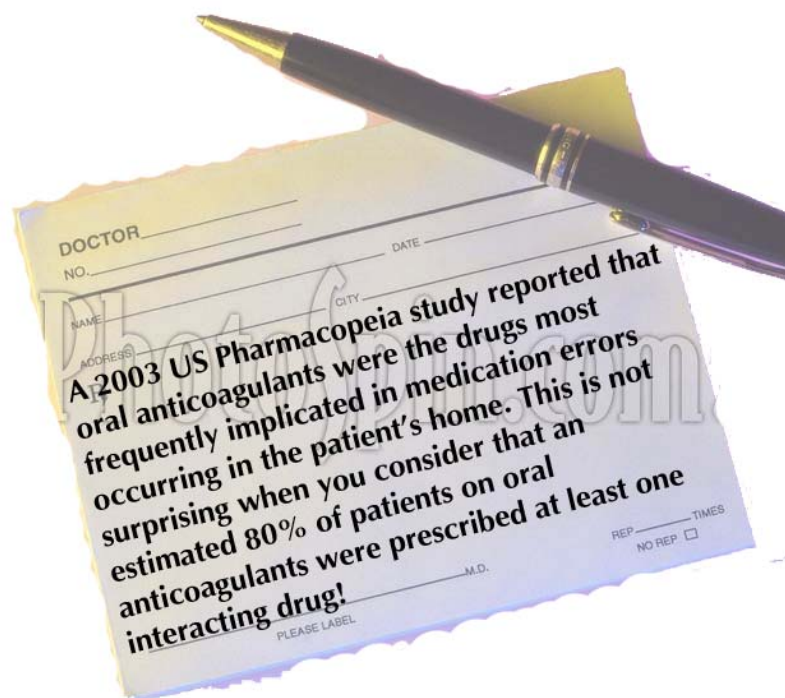


Prescribing Anticoagulants? Your patients need your help to use them safely. These drugs are consistently identified as posing particular challenges to patients, and can cause serious harm.



**I**n a recent national survey of more than 400 patients on oral anticoagulants, the National Consumers League found that 93% had experienced a medication-related problem, and over half had done nothing to alter their behavior after the event. Some patients who suffered more serious events sought emergency care. The survey also revealed that, in many cases, patients **NEED YOUR HELP** to participate better in the management of their anticoagulation regimens.

To optimize adherence and minimize the risk of adverse events associated with drug and dietary interactions, your patients need your advice. You can use this simple Q & A to start a dialogue with your patients AND provide them with answers to these five important questions — **in writing!** Your patients can get more help by going to [www.MyBloodThinner.org](http://www.MyBloodThinner.org).

1. Why do I need to take a blood thinning medication, and for how long?
2. Why is it critical that I tell ALL of my doctors and other health care providers that I am taking a blood thinning medication?
3. How, if at all, should I change my diet now that I'm taking a blood thinning medication?
4. How often should I get my blood tested and what should my PT/INR number be?
5. What signs or symptoms should prompt me to seek further care?

**Q: Why do I need to take a blood thinning medication, and for how long?**

A: To answer this question for you personally, be sure to ask your doctor or other health care provider. Generally speaking, people take blood thinners to help prevent the formation of blood clots that can move to another part of the body and cause great harm. For example, if a blood clot settles in the brain, it can lead to a stroke. (A stroke is defined as a sudden loss of brain function that is caused by stopping blood flow to the brain or the rupture of blood vessels in the brain). Some people only need to take blood thinners for a few months to avoid clotting after an operation, but most people with long-term conditions (such as atrial fibrillation or a history of strokes) probably will need to take blood thinners for the rest of their lives.

**Q: Why is it critical that I tell ALL of my doctors and other health care providers (including pharmacists, nurses, and dentists) that I am taking a blood thinning medication?**

A: Blood thinners help prevent clots by keeping blood thickness or clotting levels in a desired range. If blood is too thin (clots too slowly), it can cause serious bleeding, and if blood is too thick (clots too quickly), clots could form that can cause a stroke. Many other prescription and over-the-counter medicines, vitamins, and herbal supplements are known to interact with blood thinners — making your blood either too thick or too thin. To help avoid these serious problems, be sure that you tell all of your doctors and other health care providers that you are taking a blood thinner BEFORE you take ANY new medicines, vitamins, or herbal supplements.

**Q: How, if at all, should I change my diet now that I'm taking a blood thinning medication?**

A: Because the dose of your blood thinner has been set to maintain a desired range, the most important thing to remember here is that **consistency is key**. From the time you start taking your blood thinner, you should try to eat a normal, healthy diet. Like some medicines, vitamins, and herbal supplements, certain foods are known to interact with blood thinners. In particular, foods rich in vitamin K such as spinach and broccoli can have a clotting effect on the blood. This does not mean that you should stop eating spinach and other leafy greens if you already eat them on a regular basis. Just be sure

that you eat a normal, balanced diet keeping a consistent level of foods containing vitamin K. If possible, it's a good idea to talk with a dietician about your overall diet before you start taking a blood thinner.

**Q: How often should I get my blood tested, and what should my PT/INR number be?**

A: When you are first starting to take a blood thinner, you will probably have to be tested daily — or at least weekly — in order to determine the dose that is right for you. The result of this blood test is called a PT or INR number, and the desired INR range is usually between 2 and 3 — although your doctor or other health care provider may decide on a different range depending on your personal needs. Generally, anything under 2 means the blood is too thick (clots too quickly), and anything over 3 means the blood is too thin (clots too slowly). Once your health care provider finds the right dose that keeps you in that range, you can probably reduce your number of blood tests to once a month. Regardless of how often you have your blood tested, you should always follow-up with your doctor (or other designated health care provider) to get the lab results so that you always know your PT/INR number.

**Q: What signs or symptoms should prompt me to seek further care?**

A: Most drugs can cause some side effects. The important thing is being able to recognize when these side effects are unusual or might be dangerous. It is normal for people taking blood thinners to experience minor bruising. If you experience anything different or unusual, call your health care provider. And, if you experience more severe side effects such as bleeding that will not stop — like from a small cut, from shaving, or for any other reason — go straight to the emergency room. For a more complete list of symptoms that are serious enough for you to call your health care provider, go to [www.MyBloodThinner.org](http://www.MyBloodThinner.org).

**For more information,  
please visit**

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