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Coumadin (Warfarin)

Still the right blood thinner for some people. How it works, what the INR means and how to keep it steady.

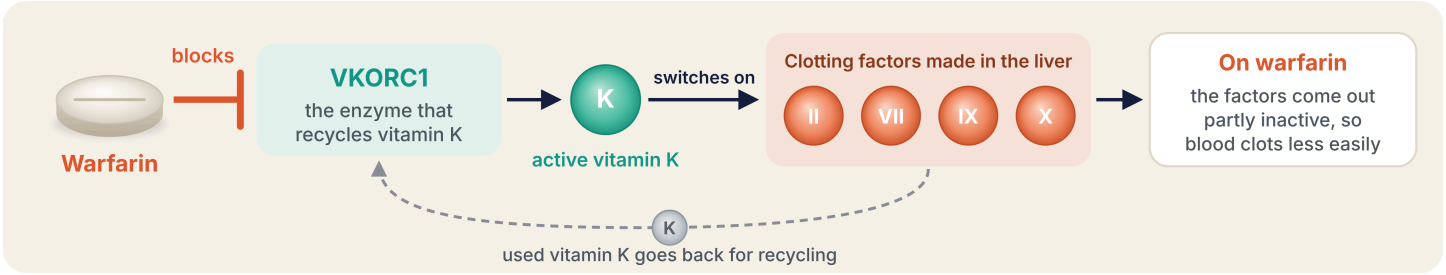
2.0 to 3.0
is the target INR for most people on warfarin

2 to 4 weeks
is the usual gap between INR checks once your dose is stable

65 to 70%
of the time in your target range or higher counts as good control

HOW IT WORKS

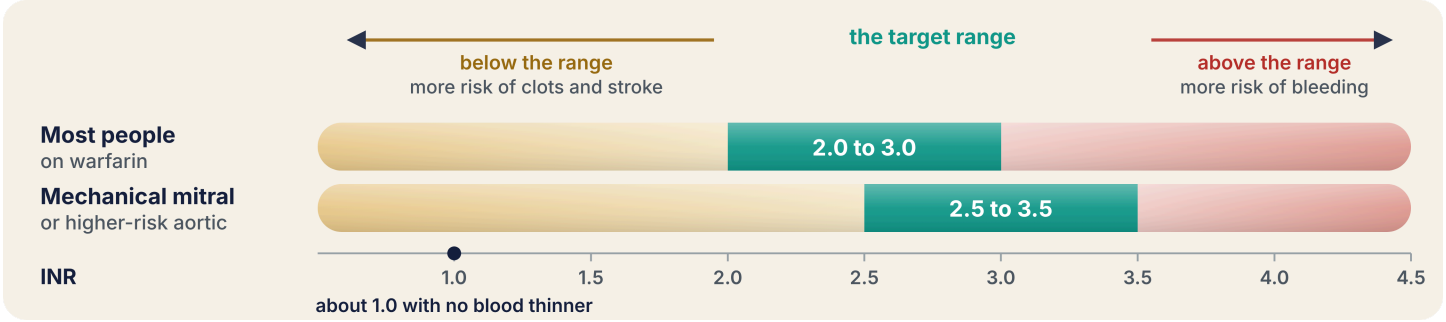
It slows the recycling of vitamin K



Because warfarin works through vitamin K, changes in diet, antibiotics, other medicines or illness can shift its effect, so it needs regular blood tests. It is still the right choice for a mechanical heart valve, antiphospholipid syndrome (APS) and moderate to severe rheumatic mitral stenosis. With severe kidney disease or dialysis, warfarin and apixaban are both reasonable.

YOUR INR

A blood test keeps the dose in range



The INR (International Normalized Ratio) measures how long your blood takes to clot compared with a standard. It's checked every few days at first, until a stable dose is found. Some people need 1 mg a day and others 10 mg or more.

Keep it steady

Take it at the same time every day, eat about the same amount of vitamin K each week, and have your INR rechecked within a few days of starting or stopping any medicine.

TAKING IT SAFELY

Food, other medicines and bleeding

FOOD AND DRINK

consistency is the goal

Vitamin K foods	Leafy greens (kale, spinach, collard greens, broccoli, Brussels sprouts), green tea and some oils (soybean, canola) are rich in vitamin K. Keep eating them, in roughly the same amount each week, and tell your anticoagulation team before a big diet change.
Alcohol	Moderate drinking (one drink a day for women, up to two for men) is generally acceptable if it stays consistent. Avoid binge drinking entirely, since it can push the INR dangerously high.

OTHER MEDICINES

ask before anything new, and recheck the INR within days

Can raise your INR	These include many antibiotics (especially metronidazole, fluconazole and trimethoprim-sulfamethoxazole), amiodarone and some pain relievers. A higher INR means more bleeding risk.
Can lower your INR	These include rifampin, carbamazepine and St. John's Wort. A lower INR means more clot risk. Garlic supplements add bleeding risk, mainly through platelets. Tell your clinic before starting or stopping any herbal product.
Pain relievers	Avoid ibuprofen and naproxen when possible. Acetaminophen (Tylenol) is generally safer, though even high doses used regularly can affect your INR.

DAILY HABITS

Same time every day	Most people take it in the evening, so a dose change after that day's INR can start the same night.
A missed dose	Take it when you remember that same day. If it's the next day, skip it and take your regular dose. Never double up. Call your anticoagulation provider if you miss more than one.
Never stop on your own	Stopping suddenly can raise your clotting risk. For surgery or a procedure, your doctor will make a plan. Bridging with heparin shots is no longer routine for AFib and is kept for selected high-risk patients, such as a mechanical mitral valve or a recent stroke.
Tell everyone	Tell every doctor, dentist and pharmacist you take warfarin, and wear a medical alert bracelet or carry a card for emergencies.

BLEEDING

Call 911 or go to the ER	A head injury even if you feel fine, vomiting blood, black or tarry stools, a sudden severe headache, heavy bleeding that won't stop, or weakness or fainting.
Call the same day	Blood in the urine, unusual bruising, prolonged oozing, heavy periods, or an INR above about 4 to 5 even without bleeding.
Reversal	After a serious bleed, warfarin can be reversed with vitamin K through a vein and, for life-threatening bleeding, 4F-PCC, which works within minutes.

SHOULD YOU SWITCH?

If you don't have a mechanical valve, APS or rheumatic mitral stenosis, ask your cardiologist about a newer blood thinner (a DOAC) such as Eliquis, especially if your time in range stays below 65%. If your INR stays in range and the routine suits you, there may be no reason to switch.

READ THE FULL ARTICLE

damianrasch.com/coumadin

For education only, and not a substitute for advice from your own physician. Sources include RE-ALIGN (NEJM 2013), TRAPS (Blood 2018), the RE-LY, ROCKET AF, ARISTOTLE, BRIDGE and INVICTUS trials, the 2017 CPIC warfarin dosing guideline and the 2019 AHA/ACC/HRS atrial fibrillation focused update.

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