



## Cardiology Department

# Atrial Fibrillation and Anticoagulation

This leaflet gives you information about medicines commonly used to reduce the risk of having a stroke with atrial fibrillation (AF). Always read the leaflet that comes with your medicine and speak to your doctor or pharmacist if you have any questions or concerns.

### Introduction

People with atrial fibrillation (AF) are at increased risk of stroke. Anticoagulant medicines prevent the blood from clotting as quickly as it would normally; this is how they help to reduce the risk of stroke.

### Types of anticoagulation

Warfarin has been used to prevent stroke in people with AF for many years. However, newer oral anticoagulants are now available, and these include apixaban, rivaroxaban, dabigatran and edoxaban. These medicines can be used instead of warfarin to help prevent strokes in people with AF. Unlike warfarin, they are used at a fixed dose, and they do not require close monitoring of blood levels.

### Are there any unwanted effects?

Increased risk of bleeding can be an 'unwanted effect' of anticoagulation as it increases the time it takes for your blood to clot. This can potentially be serious, therefore:

**Please seek medical advice immediately** if you have a significant blow to the head or have been involved in an accident, or if you have any of the following:

- prolonged nosebleeds (over ten minutes)
- unusual headaches
- blood in your urine, stools or vomit
- black stools
- unexplained or severe bruising.

If you cut yourself, apply pressure as you normally would. It may take longer for the wound to stop bleeding. If the bleeding does not stop within 10 minutes, go to your local emergency department (ED).

Indigestion is another side-effect reported with some of the newer anticoagulants (rivaroxaban, dabigatran and edoxaban); seek prompt medical advice if this occurs.

|                    |  |  |
|--------------------|--|--|
| <b>Apixaban</b>    | One tablet twice daily (every 12 hours)                              | <ul style="list-style-type: none"> <li>• Swallow the tablet whole with a glass of water.</li> <li>• It can be taken with or without food.</li> <li>• Do not crush the tablets.</li> </ul>  |
| <b>Rivaroxaban</b> | One tablet once daily (at the same time of the day)                  | <ul style="list-style-type: none"> <li>• Swallow the tablet whole with a glass of water.</li> <li>• It needs to be taken with food to work properly.</li> </ul>  |
| <b>Dabigatran</b>  | One capsule twice daily (every 12 hours)                             | <ul style="list-style-type: none"> <li>• Sit in an upright position.</li> <li>• Peel back foil to remove capsule, do not push it through the blister pack.</li> <li>• Do not open the capsule.</li> <li>• Swallow the capsule whole with a glass of water.</li> <li>• Taking with food may help reduce the possibility of stomach irritation.</li> <li>• Only break the foil and remove a capsule when you are ready to take it, so that it is not affected by moisture in the air.</li> </ul> |
| <b>Edoxaban</b>    | One tablet once daily (at the same time of the day)                  | <ul style="list-style-type: none"> <li>• Swallow the tablet whole with a glass of water.</li> <li>• It can be taken with or without food.</li> </ul>   |
| <b>Warfarin</b>    | A separate advice leaflet will be issued if you are taking warfarin. |  |

**DO NOT** stop taking anticoagulation without speaking to your doctor or specialist. Stopping will increase your risk of a stroke.

### What if I miss a dose?

It is very important to take anticoagulation as prescribed (see the table above). Particularly with the newer types of anticoagulation, the protective effect on the risk of stroke may fade 12–24 hours after you take a dose. If you think you have missed a dose or have taken an extra dose by mistake, you should follow the instructions in the information leaflet supplied with your medicine and/or contact your health professional for advice.

### Can I have a cardioversion with newer anticoagulants?

Cardioversion simply means getting your heart back into normal rhythm. It can be done as an emergency procedure, with medication or as a planned (elective) procedure.

The newer anticoagulants that can be used with cardioversion are apixaban, rivaroxaban and dabigatran. Once one of these has been started, a cardioversion can be done 3-4 weeks later. It is important to take your medication as prescribed and not miss any doses.

If a dose has been missed prior to the cardioversion being undertaken, it is important to inform the arrhythmia nurse specialists via telephone on 01305 254920 (voicemail available). A missed dose before the cardioversion will increase your risk of a stroke during the procedure so the cardioversion may need to be postponed; this is for your safety. On the day of the procedure, you will be asked to confirm that you have taken your medication correctly and have not missed any doses.

### **What if I miss a dose of anticoagulation before cardioversion?**

You should contact the arrhythmia nurse specialists via telephone on 01305 254920 (voicemail available).

### **Will I need anticoagulation after the cardioversion?**

In order to continue to reduce the risk of stroke it is very important to continue to take anticoagulation after a cardioversion. You will be seen by the arrhythmia nurse specialists approximately four to six weeks after your procedure; many people need to continue with anticoagulation long-term and the arrhythmia nurse specialist will discuss this with you.

### **Do I need regular blood tests?**

With warfarin you will need your blood levels to be monitored regularly (at least weekly, initially). With the newer anticoagulants (apixaban, rivaroxaban, dabigatran and edoxaban) you do not require regular blood level checks, but your GP will need to monitor other blood tests (blood count, kidney and liver function) from time to time (the frequency will depend upon your overall health).

### **Do I need to reduce my alcohol intake?**

Alcohol can increase your risk of falling that can result in serious injuries, for example, fracture of bone(s) and serious head injuries. It is, therefore, important to reduce your alcohol intake and to not exceed the daily alcohol limits.

### **Do I have to carry a card?**

**Yes**, you will be given a yellow alert card that you must always carry with you. This explains that you are anticoagulated and contains important information to be given to medical professionals in an emergency.

### **Do I need to inform anyone that I am taking anticoagulation?**

It is important to inform your GP/surgeon, nurse/midwives, dentist, chiropodist/podiatrist, chiropractor, and pharmacist. If your medication is changed or you start a new drug, you must inform your GP. Anyone changing your medication must be informed that you are taking an anticoagulant.

## Does anticoagulation treat my AF?

Anticoagulation does not treat your symptoms of AF, but it will reduce your risk of having a stroke.

## What about my other medicines?

Your medicines will be reviewed when you are first prescribed anticoagulation, and any necessary changes will be made. As other medicines (including herbal remedies) may interact with anticoagulation, it is important that you check with a pharmacist before starting any new medicines or stopping any existing ones. Avoid taking any other medicines that may increase your risk of bleeding (such as aspirin or ibuprofen) unless your doctor has specifically prescribed them for you. Be aware that medicines bought in pharmacies/supermarkets can contain other ingredients so please speak to your pharmacist if you are unsure.

## Who should I contact to get a new prescription?

You should contact your GP when you require a new prescription.

## Who should I call if I have a problem at night?

If you have any problems, out of hours in an emergency you should contact 111 in the first instance.

## Contacts

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to the following Dorset County Hospital Staff:

Arrhythmia Nurse Specialists: 01305 254920 (voicemail available)

## About this leaflet

|                     |  |
|---------------------|--|
| Authors:            | Arrhythmia Nurse Specialists                             |
| Written:            | June 2017  |
| Updated & Approved: | By Juliet Quick, Arrhythmia Nurse Specialist, April 2023 |
| Review Date:        | April 2026   |
| Edition:            | v2   |

If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



© 2023 Dorset County Hospital NHS Foundation Trust  
Williams Avenue, Dorchester, Dorset DT1 2JY  
[www.dchft.nhs.uk](http://www.dchft.nhs.uk)