

Warfarin and antiplatelet drugs – recognise the risk

Major haemorrhage occurs in 1-5% of patients taking warfarin per year, and has a case fatality rate of 25-30%. The combination of warfarin and antiplatelet drugs increases the risk of haemorrhage by affecting primary haemostasis and inhibition of thrombus formation, according to an article in the latest edition of *Australian Prescriber*.

“Many patients on warfarin also take antiplatelet drugs. The combination of warfarin and antiplatelet drugs increases the risk of bleeding placing patients at risk of a major haemorrhage. This risk may be further increased by the patient’s age and other illnesses,” said Dr Timothy Brighton, co-author of the article and Staff Specialist, Department of Haematology, South East Area Laboratories Services, St George Hospital, Sydney.

Clinical trials provide strong evidence for the benefit of anticoagulants in treating thromboembolic disease. Translating this evidence from select patient groups to the general community requires closer scrutiny of the risks of bleeding. These considerations are even more important given the widespread usage of medications such as aspirin, which interact with warfarin.

The effect of warfarin is influenced by many factors. These include the dose, patient compliance, diet and vitamin K status, various lifestyle factors such as alcohol intake, concomitant medications (including complementary medicines) which affect the metabolism of warfarin, and comorbid illness especially liver and cardiac disease.

“In practice warfarin is a difficult drug to manage because of its narrow therapeutic index and the need to individualise dosing. Patients need to be informed of the risk and should be encouraged to have their international normalized ratio (INR) checked regularly,” Dr Brighton said.

There are risks in adding antiplatelet medications to warfarin therapy. The combination is best avoided but is sometimes used in patients prone to embolism. However, patient specific risks of haemorrhage are often harder to assess than the perceived benefit of the proposed therapy. Patient selection is important to minimize the risk of bleeding.

For the complete article visit the *Australian Prescriber* web site at www.australianprescriber.com *Australian Prescriber* is an independent review providing critical commentary on therapeutic topics for health professionals and is published by the National Prescribing Service (NPS). The NPS is an independent Australian organisation for Quality Use of Medicines.

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