

Published studies and case reports have consistently identified anticoagulants as posing particularly serious threats to patient safety.



In one large inpatient study, anticoagulants accounted for 4 percent of preventable adverse drug events, and 10 percent of potential adverse events — and that's in the *inpatient setting!*

The risk for patients only increases when they are tasked with managing oral blood thinner regimens on their own. In a recent national survey of more than 400 patients on oral blood thinners, the National Consumers League found that 51 percent who had experienced a side effect as a result of taking these medications had done nothing to alter their behavior after the event.

The study also revealed that, in many cases, patients just don't know the answers to key questions that could help them better manage their blood thinner regimens.

To optimize patient compliance with this therapy, and avoid adverse events associated with drug and dietary interactions, make sure your patient knows the answers to these 5 important questions. And now you can provide them with simple answers — **in writing!**

Your patients can get answers to these important questions, and find other related resources by going to <http://www.bloodthinnerFYI.org>.

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

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. Generally speaking, people take blood thinning medications to help avoid the rapid 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 the interruption of the flow of blood to the brain (an ischemic stroke) or the rupture of blood vessels in the brain (a hemorrhagic stroke)). Some people only need to take blood thinners for a few months to avoid clotting after surgery, but most people with chronic 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 pharmacists that I am taking a blood thinning medication?

A: Blood thinning medications help prevent clots by maintaining blood thickness levels in a desired range. If blood is too thin, it can cause serious bleeding, and if blood is too thick it can lead to rapid clotting. Many other prescription and over-the-counter medications, vitamins, and herbal supplements are known to interact with blood thinners — making it either too thick or too thin. To help avoid these serious problems, be sure that you tell all of your doctors and pharmacists that you are taking a blood thinner BEFORE you take ANY new medications, vitamins, or 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 thinning medication 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 thinning medication, you should try to eat a normal, healthy diet. Like some medications, 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 if you already eat it on

a regular basis. Just be sure that you eat a normal, balanced diet maintaining a consistent level of foods containing vitamin K.

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

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 range is usually between 2 and 3 — although your doctor may decide on a different range depending on your personal needs. Generally, anything under 2 means the blood is too thick, and anything over 3 means the blood is too thin. Once your doctor finds the right dose that keeps you in that range, you can probably reduce your number of blood tests to once a month or every other month. Some people with very stable levels are able to test every 3-4 months, but this is rare. Regardless of how often you have your blood tested, you should always follow-up with your doctor to get the results.

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 potentially dangerous. It is normal for people taking blood thinning medications to experience minor bruising and mild dizziness. If you experience anything different or unusual, you should call your doctor's office. And, if you experience more severe side effects such as bleeding that will not stop — from a small cut, from shaving, or for any other reason — you should go straight to the emergency room. For a more complete list of symptoms that are serious enough for you to call your doctor, please go to: <http://www.bloodthinnerFYI.org>.



For more information, please visit www.bloodthinnerFYI.org.