

Scope and Target Population:

This guideline supplement is targeted for any patient receiving anticoagulation therapy. Please refer to related guidelines for specific target populations.

Clinical Highlights and Recommendations:

- There are no circumstances under which patients absolutely should or should not receive anticoagulation therapy. Clinicians must consider the risks and benefits of anticoagulation therapy for a patient based upon the individual's risk for thrombosis if not treated weighed against the risk of bleeding if treated.
- In the initial phase of treatment for patients with active thrombosis (such as acute deep vein thrombosis [DVT]) or high risk of thrombosis, immediate-acting anticoagulant agents (UFH/LMWH/fondaparinux) should be used concomitantly with warfarin.
- Loading doses and rapid induction of warfarin (Coumadin®) should be avoided.
- Many prescription medications and over-the-counter remedies, including dietary supplements and herbs, may alter the effectiveness of anticoagulants (detected by the INR) and/or reduce the effectiveness of platelets (not detected by the INR).
- Vitamin K may be used to reverse suprathreshold anticoagulation with warfarin. The dose of vitamin K depends upon the degree of INR elevation and/or signs and symptoms of bleeding (Table 2). Vitamin K can lead to warfarin resistance and subsequently to an increased risk of thromboembolism.
- Regardless of the anticoagulant used, it is important that patients know they must always inform their physician and other health care providers that they are on anticoagulation therapy, especially if they are potentially undergoing an invasive procedure.
- Patients should be encouraged and empowered to play an active role in the self-management of their treatment. Self-management is best initiated and sustained through active involvement of patients and family members with their multidisciplinary health care team. This educational partnership should be encouraged to decrease potential risks and improve understanding of the importance of patient adherence to their treatment regimen.
- Patients with mechanical heart valves and who are pregnant have complex anticoagulation needs and should be managed by an anticoagulation expert.

Priority Aims:

The Anticoagulation Therapy Supplement does not contain priority aims or suggested measures. These components are addressed in the related guidelines.

Additional Background:

The ICSI Anticoagulation Therapy Supplement has been developed as a resource for the use of anticoagulant drugs. This is a supplemental document that brings about consistency in recommendations that are common to the scope of related ICSI guidelines. See related ICSI scientific documents.

Anticoagulant drugs are used to decrease the risk of thrombosis by interfering with the homeostatic clotting mechanism. The major side effect of these drugs is bleeding either from suprathreshold effect or by accentuating the blood loss of patients with an existing source of bleeding.

There are no absolute contraindications to anticoagulation therapy. The decision to treat a patient with anticoagulant drugs takes into account an individual patient's risk for thrombosis if not treated weighed against the risk of bleeding while on anticoagulation therapy.

This supplement and related guidelines should help physicians to make that risk-benefit treatment decision. This supplement is also meant to serve as a tool to use for patients treated with anticoagulants.