Anticoagulation with Warfarin for prevention of stroke

Some strokes are caused by small blood clots forming inside the heart and then travelling down blood vessels, blocking one to the brain.

Anticoagulation, or reducing the ability of the blood to clot, helps to prevent this type of stroke.

The benefit of preventing a stroke is greater in people who have a higher risk of having one.

Atrial fibrillation
One of the most common causes of blood clots forming in the heart is a disturbance of heart rhythm called ‘atrial fibrillation’.

In this rhythm, the heartbeat is usually fast and irregular. It may not be noticeable to you, and is more common with advancing age.

Atrial fibrillation multiplies the risk of stroke by 4 times, but the overall risk is greatly affected by other factors present at the same time.

These other factors may be:

- a previous stroke or transient ischaemic attack
- heart valve disease
- an overactive thyroid
- an enlargement of some of the heart chambers

When they are present in combination with atrial fibrillation, the risk of having a stroke is increased considerably.

Aspirin and Warfarin

Aspirin
Recent research has shown that Aspirin can reduce the risk of a stroke in atrial fibrillation by a third.

It is an antiplatelet agent rather than an anticoagulant. It affects clotting indirectly by interfering with ‘platelets’ in the blood (as discussed in other leaflets).

It can be taken as a single tablet daily without special monitoring tests, although it may cause inflammation of the lining of the stomach.

Warfarin
Anticoagulation with Warfarin reduces the risk of stroke by two thirds, so Warfarin offers better protection for those people who can take it.

The decision to use either of these types of treatment needs to be taken with care.
**Warfarin**
Warfarin reduces the tendency of the blood to clot, and the main side-effects are an increase in both the chance and severity of bleeding.

Although most cases of bleeding are minor, Warfarin or Aspirin can cause serious bleeding from the bowel or in the head.

This chance is small when the degree of anticoagulation is carefully chosen or ‘targeted’ in advance. The clotting is then controlled accurately within the target range.

The amount of Warfarin needed may change, so to keep the treatment safe and effective the clotting has to be monitored with blood tests and the dose of Warfarin adjusted if required.

The tablets must be taken accurately according to the prescription.

Other medication must not be started without your doctor’s advice in case it interferes with the effect of the Warfarin (reducing its effectiveness or raising the chance of bleeding).

Certain foods and drinks, eg. cranberry juice, can interfere with the affect of Warfarin.

Doctors will be reluctant to use Warfarin for people who tend to fall because of the likelihood of injury, and therefore increased bleeding.

Most people do not feel any different as a result of taking Warfarin.

**Deciding on whether to use Warfarin**
Anticoagulation with Warfarin offers benefits and risks, which need to be carefully considered and weighed up before a decision is made.

The pros and cons vary from person to person, so it is an individual decision.

To help the doctor decide on what medical advice to offer you, information may be needed from tests such as blood count, ECG and echocardiogram.

The doctor will also need to discuss the benefits and risks with you, so that a joint decision can be reached.

Your agreement is needed in the interest of safety. It is very important that you understand the reason for taking Warfarin and the importance of taking it accurately.

**Further reading**

If you have any queries, or require further information please speak to your nurse.

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information.
Telephone 0845 4647 or visit the website at [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Any external organisations and websites included here do not necessarily reflect the views of the Derby Hospitals NHS Foundation Trust, nor does their inclusion constitute a recommendation.

**Reference Code:** G10403/0862/07.2007/VERSION3
© Copyright 2007 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from the Patient Information Service, Derby Hospitals NHS Foundation Trust. (G4755/06.2001/V2)