WHAT DO DIRECT ORAL ANTICOAGULANTS (DOACs) MEAN TO YOU?

ATTEND YOUR APPOINTMENTS TO ENSURE THAT YOUR DOAC IS STILL SAFE FOR YOU

We know that it can be hard to keep track of dates. That is why we made this page for you to set a **REMINDER** for your **NEXT APPOINTMENT**. Cut along the side of this page and keep it somewhere you can remember.

NAME:

GP:

DOAC:

NEXT APPOINTMENT:

For more information:

NICE Guidelines and NHS website used for reference. Visit the official websites for further information:
https://cks.nice.org.uk/topics/anticoagulation-oral/

https://www.nhs.uk/conditions/anticoagulants/

A leaflet supported by AnticoagulationUK. Visit the official website for further information:
https://www.anticoagulationuk.org/

Anticoagulation UK

Anticoagulants are known as **"blood thinners"**, while you may think this means they make your blood thinner, this **ISN'T ACTUALLY THE CASE**

WHY DO WE GET BLOOD CLOTS?

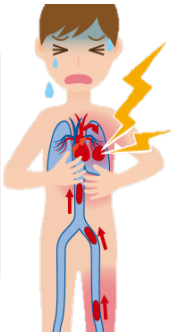
Dangerous blood clots can form in your blood vessels if you have certain conditions such as Atrial Fibrillation (AF) or blood clotting disorders that lead to your blood clotting too fast. Your risk of developing clots can be increased if you undergo:

- Surgery
- Trauma
- Inflammation in response to infection or injury

Clots that form in blood vessels can restrict blood flow to your heart, leading to a heart attack or limit blood flow to the brain, leading to a stroke. Therefore, treatment and prevention of blood clots will help reduce your risk of these problems.

IS HAVING ONE CLOT REALLY THAT BAD?

YES. A clot acts as a gate that tries to limit blood getting past. If the blood builds up in one area, it can eventually push past the gate and escape. This dislodges the gate, moves the clot elsewhere and restricts blood flow in another part of the body. This is how a clot in the leg (**DVT**) can dislodge and move to the lungs (**PE**), dangerously restricting blood flow within the lungs.



HOW DO DOACS WORK?

DOACs work by interfering with the clotting mechanisms in the blood in order to prevent blood clots forming. There are four DOACs known as **Apixaban**, **Dabigatran**, **Edoxaban** and **Rivaroxaban -** they work in different ways but with the same effect. Your doctor will discuss the best DOAC for you, including the dosage and duration of intake. Your DOAC should be taken as directed in order to ensure it gives you the best protection against blood clots forming.

WHAT SERIOUS SIDE EFFECTS SHOULD I TELL MY GP?

- Bleeding that can't be stopped after 10 minutes
- Red, black or tarry faeces (poo)
- Unexplained large bruises
- Blood in urine
- Vomiting or coughing up blood
- Severe headache or stomachache
- Menstrual bleeding postmenopause

WHAT'S YOUR REASON FOR BEING ON ANTICOAGULANTS?

Apixaban	• **Clinical indications: AF, VTE prophylaxis following Knee/Hip elective surgery (VTE*), DVT and PE** • Tablets usually taken twice daily and at the same time each day • If you miss a dose, take it as soon as you remember and then take your next tablet at the correct time. DO NOT take two tablets together
Dabigatran	• **Clinical indications: AF, VTE*, DVT and PE** • Tablets usually taken twice daily and at the same time each day • If you miss a dose, take it as soon as you remember and then take your next tablet at the correct time. DO NOT take two tablets together • For patients with AF, you can take your forgotten tablet 6 hours before your next one but if it is less than 6 hours, miss out this tablet
Edoxaban	• **Clinical indications: AF, DVT and PE** • Tablets usually taken once daily • If you miss a dose, take it as soon as you remember and then take your next tablet at the correct time. DO NOT take two tablets on the same day
Rivaroxaban	• **Clinical indications: AF, VTE*, DVT/PE, ACS (acute coronary syndrome) and AT (atherothrombotic) events.** • Tablets usually taken once daily or taken twice daily for the first three weeks for DVT/PE and are recommended to be taken with food • If you miss a dose, take it as soon as you remember and then take your next tablet at the correct time • If taking tablets twice daily for DVT/PE, you can take your missed morning tablet WITH your evening tablet

GENERAL INFORMATION ABOUT ALL DOACs

- **DO NOT** take if you are pregnant or breastfeeding.
- **DO NOT** take over the counter medications such as aspirin and ibuprofen (anti-inflammatory) or some natural and herbal remedies as these can increase the effects of individual DOACs and add to your bleeding risk. Your doctor or pharmacist will advise you of which medications may not be taken when using DOACs.
- **DO** remind healthcare professionals that you are taking DOACs before you are scheduled for surgery or seeing a dentist, pharmacist or chiropodist. A medical alert card is present in every tablet box. Please carry this in your wallet/phone holder/ purse to be shown if required.
- **BLEEDING** is the most common side effect of DOACs, as they increase the time it takes for your blood to clot.

MONITORING

Anticoagulation medication can increase your risk of bleeding, this is why it is important to take your medication as directed and to have ongoing monitoring every 3, 6 or 12 months. Your doctor will advise you when you should have your blood tests, this will ensure that your drug is working the best it can for you.

WHY IS MONITORING OF DOACs SO IMPORTANT?

DOACs are cleared from your body via the kidneys; this ensures your old dose is removed from your system before it's time to take your new one. We can measure something known as Creatinine Clearance (CrCl) to estimate how well your kidneys are clearing the drug. A low CrCl means that the drug isn't cleared well and so can accumulate causing toxicity and bleeding.

When you were initially prescribed your DOAC, the GP carried out various blood tests to figure out your correct dose. Ongoing monitoring is very important as it allows the doctor to decide if there needs to be any changes to your current medication by conducting repeat lab tests to check your kidney function (as well as other organ functions). If you have any kidney or liver impairments, are over the age of 75 and/or have existing comorbidities, you will be required to visit the GP more frequently for DOAC monitoring.

WHAT DO WE MAINLY MONITOR?

Other tests might be included to tailor your medicines appropriately

- **Creatinine Clearance (CrCl):** main indicator of kidney function
- **Full Blood Count (FBC):** provides clues about certain blood disorders like anaemia or infection
- **Clotting Screen:** assesses the ability for your blood to clot
- **Urea and Electrolytes (U&E):** also assesses kidney function
- **Liver Function Tests (LFTs):** the liver helps to break down DOACs
- **Thyroid Status:** assesses your thyroid gland.