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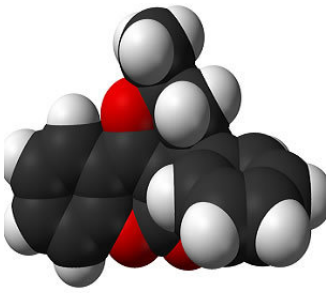
Warfarin Does Not Offer Long-Term Stability for Atrial Fibrillation



According to a study from Duke Clinical Research Institute, warfarin prescribed for stroke prevention in atrial fibrillation may not control blood clotting in the long-run. The findings are published in *JAMA*.

The study was conducted with 3,749 patients who were diagnosed with atrial fibrillation. Generally, anticoagulants are prescribed to prevent blood clotting since AF is associated with a higher risk of blood clots and stroke.

Historically, warfarin is the only available drug that is used for stroke prevention. However, warfarin can interact negatively with other drugs and food and requires regular monitoring. That is why non-vitamin K oral anticoagulants (NOACs) are now being prescribed to new patients with atrial fibrillation as they provide the same effectiveness but have a better safety profile. The challenge however is to determine if patients who have been on warfarin for a long time should be switched to a NOAC or not. The goal of the study was to answer this very question and investigated patient outcomes based on the international normalised ration (INR).

See Also: Lack of Warfarin Knowledge Increases Risk of Side Effects

During the first six months of the study, 26 percent of patients taking warfarin had 80 percent or more of their INR values fall between the recommended range of 2 and 3 while 10 percent of warfarin patients had 100 percent of their INR fall within this range. Over an additional 12 months, 34 percent of the 80 percent group remained stable during the subsequent group while 37 percent in the 100 percent group remained stable over the next year. In addition, approximately a third of patients in both the 80 percent and 100 percent group had one or more of their INR values out of the ideal range during the subsequent year.

“It’s not appropriate for every patient to be treated with a NOAC, but this study shows that all patients eligible for a NOAC, even those who have done well on warfarin in the past, should have a shared decision-making conversation with their health-care provider about considering a change,” said Sean Pokorney, MD, the study’s first author and an electrophysiology fellow at the Duke University School of Medicine.

Source: JAMA
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