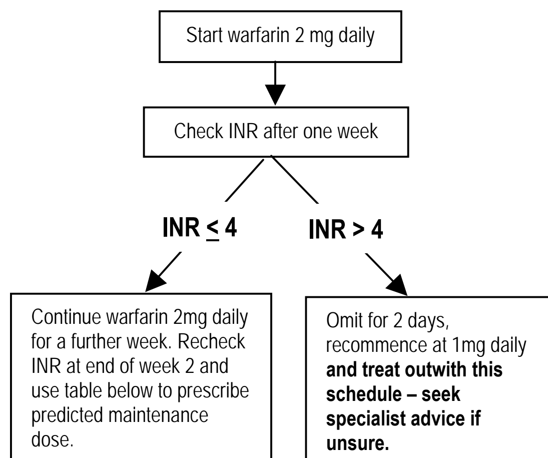
Schedule for the Slow Initiation of Prophylactic Warfarin Therapy in the Elderly

This schedule is intended for use in patients **without acute thromboembolism** and may be considered where the need for rapid induction is not necessary (ie mainly patients with **atrial fibrillation**). The two studies on which this schedule is based recruited older patients (mean ages 70 and 71), and may not be valid in younger patients.



♂ Males		♀ Females	
INR **at end of week 2**	Dose (mg/day)	INR **at end of week 2**	Dose (mg/day)
1.0	6	1.0 – 1.1	5
1.1 – 1.2	5	1.2 – 1.3	4
1.3 – 1.5	4	1.4 – 1.9	3
1.6 – 2.1	3	2.0 – 3.0	2
2.2 – 3.0	2	>3.0	1
>3.0	1		

Week 3 onwards: Check INR weekly for 6-8 weeks and follow advice below:

- **if INR > 4.0** → omit for 2 days and recommence at 1mg lower.
- **if INR 1.5 – 4.0** → maintain same dose.
- **if INR < 1.5 for 2 consecutive weeks** → increase dose by 1mg.

If INR is not stable by week 6, 0.5mg dose adjustments can be made.

General Points

Prior to commencing warfarin:

Counsel patient on warfarin usage
Measure INR, U&Es, LFTs and FBC
Fill in warfarin prescription chart

On discharge:

Top copy of warfarin prescription chart goes to GP
Bottom copy goes in notes
Telephone GP regarding INR monitoring

Potential Contraindications to anticoagulant therapy

Bleeding disorder

eg liver failure, renal failure, antiplatelet drugs (NSAIDs, aspirin, clopidogrel)

Risk of bleeding

eg cerebral bleed
cerebral infarct in last 2 weeks
active peptic ulcer disease
GI or GU bleed in last 6 months

Non-compliance/inability to understand therapy

Chronic alcoholism

Risk of fits or falls

Severe hypertension

eg systolic >200mm Hg or
diastolic >120mm Hg

Adapted from Br J Pharm 1998; 46: 157-61

See also SIGN 36 Section 13.2: Initiation, Dosage & Monitoring of Oral Anticoagulant therapy

Dr D W Lowdon and M Logan-Rena, March 2003 / Amended Jan 2004 P G Cachia May 2004 / Amended by Medicines Advisory Committee April 2005