BRIGHAM AND WOMEN'S HOSPITAL

Warfarin News You Can Use

Information for patients of the Brigham and Women's Hospital Anticoagulation Management Service

Volume 1, Issue 2 **July 2016**

Our Staff and Services

About Us

The Anticoagulation Management Service (AMS) at Brigham and Women's Hospital manages over 3000 patients on warfarin. We are staffed by ten pharmacists, four advanced practice pharmacy students, and one administrative assistant. Our Supervisor is Katelyn Sylvester, PharmD, and we work in collaboration with our Medical Directors Dr. Jean Connors and Dr. Samuel Goldhaber. Our service has been named a national Anticoagulation Center of Excellence by the Anticoagulation Forum.

How to Contact the Clinic

Phone: (617) 264-3000

Fax: (617) 264-3011

Email: BWHAnticoag@partners.org

Clinician Extensions

For faster service, use your clinician's specific line

Jensen Varghese & Peter Collins: x 2

Gina Dube: x 3

Dave DeiCicchi: x 4

Andrea Resseguie & Dave Appel: x 5

Amy Levesque & Hilary Burke: x 6

Nick Feola & Laura Hill: x 7

General Mailbox: x 8

Clinic Hours

Monday - Friday: 9:00 - 4:30 (closed from 12:00 -1:00)

Voicemail is checked throughout the day

We care closed on weekends and holidays and will return voicemail on the next business day

Frequently Asked Questions

Q: What is the INR test actually measuring?

A: When the lab runs your blood for an INR test, they first perform a prothrombin (PT) test. A substance called a reagent is added to your blood sample. This reagent causes the blood to begin clotting. The PT result is the time (in seconds) that it takes for the blood to clot.

There are several different reagents that can be used when performing this test. Since each of these reagents works a bit differently, a PT result obtained with one reagent cannot be compared to a PT result obtained with a different reagent. To account for these differences, the result of a PT test must be converted into standard units that can be compared regardless of which reagent was used, or where the patient tested. These standard units are known as the International Normalized Ratio (INR).

The INR is a standardized way of reporting the time it takes for your blood to form a clot.

Q: Can I drink alcohol while taking warfarin?

A: Alcohol can affect how the body processes warfarin. Alcohol should be limited to no more than 1-2 drinks in a 24 hour period. If you know in advance that your intake may be higher (ie - an upcoming event), please let your clinician know. We can give you a dose adjustment and prevent the INR from going too high.

Future issues will be sent electronically. Please inform your clinician of a change in email address!

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WHEN TO CONTACT THE CLINIC

1. Unusual signs of bleeding or bruising
2. If you start, stop, or change any medication
3. Any change in diet or alcohol intake
4. If you miss a dose of warfarin
5. For any illness
6. If you schedule a surgery or any type of procedure
7. **Report to the ER or call 911 if you experience symptoms of clotting or excessive bleeding**

Paging the Clinician On-call

The emergency paging system

There is an AMS clinician available by pager 24/7. You will receive instructions for paging by calling the regular clinic phone number during hours when we are closed. **This service is for true emergency situations only.** All other questions, concerns, or requests should be left as a voicemail message that will be addressed on the next business day.

Appropriate times to page

- You are experiencing signs and symptoms of a clot or bleeding and want advice on what to do

Appropriate times to leave a message

- You did not receive call about your INR test result
- To request a prescription refill
- To confirm the next INR test date

Many labs do not provide same-day INR test results. If you tested but did not receive a call, please continue your current dose and follow-up with your clinician the next business day.

Clinician Spotlight:

Peter Collins, PharmD

Hometown: Woodstock, CT

Education and training: Doctorate of Pharmacy from the Northeastern University School of Pharmacy

Professional experience: Prior to working at AMS, I spent time at many of the Boston hospitals including BWH, MGH, Norwood Hospital, Cambridge Hospital plus others, and gained experience in the psychiatric, transplant, intensive care unit, anticoagulation and general pharmacy environments.

Hobbies: I enjoy snowboarding and, of course, following Boston's sports teams.

Research and clinic projects: At the moment I am currently working on updating our clinic's bridging protocol for periods of warfarin interruption, formulating a tool for initial warfarin dosage adjustments for common drug interactions, and drafting the drug administration guidelines for the newly approved dabigatran reversal agent, idarucizumab.

Being a part of AMS allows me to directly influence the quality of life of my patients and help them navigate the hurdles that accompany anticoagulation therapy. My goal for each day is to make sure each patient is taken care of and feels at ease with the decisions being made regarding their treatment.

Warfarin Tip

WHEN TRAVELLING, PLACE ALL MEDICATION IN YOUR CARRY-ON TO AVOID MISSING DOSES IF LUGGAGE IS LOST.

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Accuracy of PT/INR Home Monitors

David DeiCicchi, PharmD, CACP

PT/INR home monitors are used by many of our patients as an alternative to testing their INR at a laboratory for monitoring warfarin (Coumadin©) therapy. Patients are supplied with a small device and supplies for testing their INR at home using a small drop of blood from their finger. This method of managing warfarin has been shown to increase the time a patient stays within their therapeutic INR range and decrease the chance of serious events such as bleeding and clotting. For this reason home monitoring is a great option for appropriate patients that have difficulty controlling their INR.

On March 17th, 2016 I woke up to a *New York Times* article that expressed concerns about the accuracy of these home monitors used by many of our patients. Although the monitor cited, the INRatio 2, is not a monitor that we use often, I was still concerned. The article was published the same morning I was traveling to Maryland to assist the Food and Drug Administration (FDA) with regulatory decisions on these home monitors. A group of professionals from many different scientific backgrounds had been summoned from all over the nation to discuss the safety events that had been reported to the FDA. Throughout the workgroup, all of the professionals could agree on the simple fact that these machines are safe and accurate when prescribed to the right patients and when used properly. I also realized that the Brigham and Women's Hospital Anticoagulation Management Service was far ahead of the recommendations offered by these professionals.

First on the agenda were questions about education and training that patients get in the initial stages of receiving a device. Our clinic recognized that patients would benefit from additional training beyond the routine education provided by distributers of these monitors. For this reason, we developed training materials and requirements for our patients in order to meet our own standards. Furthermore, our pharmacists are certified trainers for the home monitors that we prescribe to our patients. We prefer to train our own patients so that we can guarantee the completeness of the education.

Another topic at the FDA meeting was how well home monitors correlate with laboratory results for each patient. INR results from your veins can certainly differ from home monitor INR results taken from your finger. The degree of difference between results can vary from patient to patient. For this reason, our clinic requires patients to correlate the INR from your home monitor with a vein stick from the laboratory prior to regular use of your home monitor. The FDA also debated allowing home monitors to display INR results that are greater than 5.0. The accuracy of home monitors decreases when the INR is over 4.0, and an INR above 5.0 should not be used to make decisions about your warfarin doses. Our clinic requires patients to have their INR result verified at a laboratory if their home monitor reads above 4.0.

As specialists in the field of anticoagulation, we pride ourselves on managing our patients with cutting-edge technology but are cautious not to use this technology irresponsibly. I was happy to be able to offer the FDA solutions to the problems that have been reported to them and proud to explain to them that this has been our practice for many years. As a recognized Anticoagulation Center of Excellence, we will continue to lead the way to ensure the safety of patients using anticoagulants all over the world.

Upcoming Events

North American Thrombosis Forum

(NATF) 2016 Thrombosis Summit

This special half-day conference will cover treatment breakthroughs and updates on venous thromboembolism, acute coronary syndromes, and atrial fibrillation.

Saturday October 1, 2016

7:00am - noon

Fairmont Copley Plaza Hotel

138 St. James Avenue, Boston, MA

$49.99 registration fee includes continental breakfast, networking coffee break, all clinical and patient sessions, the Arthur A. Sasahara Annual Lecture, Inaugural Memorial Lecture for Lawrence H. Cohn, MD, and an electronic syllabus.

To register:
https://www.regonline.com/thrombosissummit16#sthash.ZR3N6blr.dpuf

Patient self-management workshops

Ongoing 2 hour course

For patients currently using a home machine to test and would like more information on self-dosing. Please contact your clinician if you are interested in this opportunity.

Next scheduled workshop: Wednesday August 3, 2016

10:00am - noon on Shapiro 10

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