



Warfarin News You Can Use

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

Volume 3, Issue 1

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Our Staff and Services

About Us

The Anticoagulation Management Service (AMS) at Brigham and Women's Hospital manages approximately 3000 patients on anticoagulants. 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 also received the honor of being named a national Anticoagulation Center of Excellence by the Anticoagulation Forum for the past 10 years.

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

Katelyn Sylvester: x 1

Themio Papadopoulos & Peter Collins: x 2

Gina Dube & Magie Pham: x 3

Nicole Vincze Irving: x 4

Andrea Lewin & Dave Appel: x 5

Amy Levesque: x 6

Laura Hill & Sarra Ben Ghorbal: x 7

General Mailbox: x 8

Clinic Hours

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

Voicemail is checked throughout the day

We are closed on weekends and holidays and will return voicemails on the next business day.

Frequently Asked Questions

Q: What's the deal with leafy green vegetables? Can I eat them?

A: Absolutely! We recommend you eat these in moderation and the key is keeping your intake of leafy green vegetables (especially kale, spinach, broccoli) consistent. For example, if you eat a salad with kale/spinach 3 times a week, try to keep this intake as consistent as you can from week to week. A good way to keep track of this is by buying a specific amount of these foods from the grocery store each week. For example, if you buy one bag of broccoli per week and finish the bag, keep buying just the one bag each week.

The way these foods can affect your INR are due to the following: they contain vitamin K, which is the reversal agent for warfarin. This reduces your INR if you are not normally consuming these foods. If you keep your intake consistent, however, your dose of warfarin will stabilize your INR at whatever amount of dietary vitamin K you normally intake.

Q: What should I do if my nose is bleeding?

A: This is a common occurrence in a lot of our patients within the clinic, especially during the winter months. Nose bleeds (medical term: epistaxis) can occur irrespective of your INR level. We commonly see nosebleeds when a patient's INR is therapeutic during the winter months due to the dry, cold air. The mucous membranes within the nasal passageways become dry and thus lead to capillary rupture (small blood vessels breaking). One way to help prevent/treat these nose bleeds is by using a humidifier, but be careful with warm mist because they boil the water to humidify the air. Cool mist is the most common, but be sure to clean this type weekly due to bacteria, mineral, mildew build up. Another way to help is by using a saline nasal spray as needed if you feel your nose is becoming dry, or congested.

However, if your nose bleed lasts longer than 20 minutes, or is severe, please seek medical attention and call us after.



WHEN TO CONTACT THE CLINIC

- 1 Unusual signs of bleeding or bruising
- 2 If you start, stop, or change any medications
- 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 dealt with 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.

Staff Spotlight:

Tracy Cordwell



Hometown:

Born and raised in Georgetown, Guyana AKA Jones Town (South America)

Resides in Boston

Education and training:

BS in Health Care Management / Administration
10 years of United States Army Reserve

Professional experience:

Program Coordinator for BWH AMS
Certified Pharmacy Technician Specialist for BWH

Hobbies: Traveling with friends/ family, reading novels, watching TV (sports, cartoons, tv series to name a few), listening music, dancing, camping, and hiking

Getting to know my co-workers, their different personalities, and my view of the Prudential is a part of my everyday work life that I enjoy

Lets get those INR's tested



Warfarin Tip

CONSIDER WEARING A MEDICAL ID BRACELET TO HELP HEALTHCARE PROFESSIONALS TAKE APPROPRIATE ACTION IF AN EMERGENCY WERE TO OCCUR.



Feature Article

Warfarin and Common Over the Counter Medications

Many over the counter medications that can be purchased at local drug stores without a prescription may interact with warfarin. These medications may interfere with the international normalized ratio (INR) and cause either an increased risk of bleeding or clotting. This article will discuss some common over the counter medications that may interact with warfarin. Before taking any over the counter medications it is always best to check in with a pharmacist or doctor.

Over the counter pain medications can interact with warfarin. Tylenol, or acetaminophen, can cause an increase in INR and therefore increase risk of bleeding. Nonsteroidal anti-inflammatory drugs are a class of medications that may also increase bleeding risk. Medications in this class include ibuprofen (Advil or Motrin), naproxen (Aleve), or aspirin. There are many combination products for the treatment of cold and flu that contain these medications. It is always important to read the drug facts label on the package of each product see what the active ingredients are. If any of these medications must be taken in combination with warfarin, it is best to take the lowest dose possible to minimize risk of bleeding.

Many herbal supplements also interfere with warfarin and may cause an increased clotting or bleeding risk. Warfarin is metabolized from enzymes in the liver to an inactive form. Certain herbal supplements increase metabolism of warfarin, therefore lower the amount of active drug. This will cause an increased risk of clotting. Herbal supplements that may cause an increased risk of clotting include Coenzyme Q, green tea, dandelion, St. John's Wart, vitamin E, and vitamin A.

In contrast, some herbal medications may decrease the metabolism of warfarin, which will increase the amount of active drug. This will cause an increased risk of bleeding. Herbal supplements that may cause a risk of increased bleeding include garlic, ginger, ginkgo biloba, red clover, saw palmetto, feverfew, willow bark, and licorice. These are some examples, however there are many more herbal supplements on the market that may have an effect on metabolism of warfarin.

Other common over the counter medications that may affect warfarin include laxatives such as Senna. This may decrease the absorption of vitamin K, which increases risk of bleeding in combination with the vitamin K blocking effects of warfarin. Pepto-Bismol (bismuth subsalicylate) is in the same family as aspirin and can cause increased bleeding in combination with warfarin as well. Medications taken for heartburn such as Prilosec (omeprazole) or Pepcid (famotidine) may also cause an increase in bleeding due to increased decreased metabolism of warfarin.

In conclusion, many over the counter medications can interfere with warfarin. This is not a complete list of medications, so it is always best to double check with a doctor or pharmacist before taking any medication when on warfarin.

References

1. Ament PW, Bertolino JG, Liszewski JL. Clinically significant druginteractions. *Am Fam Physician*. 2000 Mar 15;61(6):1745-54.
2. Heck AM, Dewitt BA, Lukes AL. Potential interactions between alternatives therapies and warfarin. *Am J Health Syst Pharm*. 2000;57(13): 1-11.
3. Ge B, Zhang Z, Zuo Z. Updates on the clinical evidenced herb-warfarin interactions. *Evid Based Complement Alternat Med*. 2014:957362.

Upcoming Events

BWH Anticoagulation 6th Annual Patient Seminar – April 14th 2018

For information on the upcoming events listed below, visit www.natfonline.org

Online Support Groups:

April 17, 2018 at 7PM EST – Dr. Alec Shmaier will discuss the various treatment options for PE/DVT and will seek to demystify the different drugs that patients are prescribed.

In Person Support Groups

April 24, 2018
May 22, 2018
June 26, 2018

March 29th: Educational Event-"Vascular Protection: What Every Patient, Physician, Pharmacist, and Nurse Needs to Know" 5:30-9:00pm, Brigham and Women's Hospital- Bornstein Amphitheater