Patient Resource Guide: Anticoagulant Medications

INTRODUCTION TO ANTICOAGULATION MEDICATIONS

Anticoagulant medications, sometimes referred to as "blood thinners" work to prevent clots in the blood from occurring by reducing the activity of clotting factors in the body. Most commonly, anticoagulants are prescribed for the prevention of clots in patients with one of the following diagnosed conditions:

1. **Atrial fibrillation**
2. **Mechanical heart valve replacement**
3. **Pulmonary embolism**
4. **Stroke**

Commonly Prescribed Anticoagulation Medications	
Apixaban (*Eliquis®*)	Edoxaban (*Savaysa®)*
Rivaroxaban (*Xarelto®*)	Warfarin (*Coumadin®*)
Dabigatran (*Pradaxa®)*	Enoxaparin (*Lovenox®)*

DURATION OF THERAPY

Type of Clotting Event	Duration of Therapy
Provoked (recent surgery, immobility, cancer)	**3 months**
Unprovoked	**>3 months*** *unless increased risk of bleed

Experiencing a blood clot can be a scary and sometimes even a painful experience. Therefore, it is understandable why some patients may be reluctant to consider stopping therapy. However, if the duration of recommended treatment has been met, these medications can safely be stopped. Even for patients who were instructed remain on anticoagulation for the remainder of their life, for those eligible for hospice, the risk of experiencing a bleed with continued therapy often outweighs the risk of experiencing another clot if stopped.

Decisions regarding anticoagulation should always be individualized, taking into consideration the patient's relevant medical history. Discontinuing therapy is generally considered acceptable in patients with a life-limiting illness, especially those eligible for hospice services.

REASONS TO CONSIDER STOPPING ANTICOAGULATION THERAPY

Patient at risk of bleeding	• Increased risk for major bleeding complications are present in patients who remain on therapy and have advanced age, heart failure, cardiovascular disease, diabetes, or cancer • When bleeding occurs, lack of access to reversal medications may result in need to be hospitalized for increased level of care
Medication no longer indicated	• No symptom relieving benefit from medication • Medication may have been started for prevention, or with time-limited duration of therapy. Evaluate with team if still necessary. • Benefit of therapy often limited to 3-12 months, risk of side effect may be greater in patient enrolled in hospice
Patient at risk for falls	• Hospice patients, regardless of age, have an increased fall risk, with increased risk of potential internal or severe external bleeds while continued on anticoagulation • Risk of a severe brain bleed in a patient with limited mobility who may fall is greater that the benefit in preventing a stroke
Drug interactions	• Drug interactions are common with these classes of medications, especially warfarin.
Decreased nutritional intake	• Malnourished patients may have lower levels of the protein albumin in the blood • This decrease can result in a significantly increased risk of bleeding
Decreased kidney or liver function	• Most anticoagulant medications are metabolized by the liver and eliminated from the body by the kidneys • The function of these organs often decreases is patients who are advanced in age or with a life limiting illness.
Goals of care	• Continued use of anticoagulation medication increased daily pill burden on patients • Continuing medications not actively contributing to symptom relief may not be aligned with the patient's goals of care

Decisions about anticoagulation therapy are individualized. If you have questions, connect with your hospice team for more discussion about appropriateness of therapy and your options. It is even possible to set up a trial discontinuation with plans to re-evaluate after 1-2 weeks.

