

If you need a painkiller, paracetamol and codeine are acceptable. Be aware that medicines bought in pharmacies can contain other ingredients – please speak to your pharmacist if you are unsure.

**Please let other healthcare professionals treating you know that you are taking a NOAC. This includes anyone who prescribes you medication or carries out a procedure, for example a dentist.**

## Do I need to change my diet or alcohol intake?

You do not need to change what you eat when taking a NOAC. You should maintain a healthy and balanced diet.

NOACs are not directly affected by alcohol. However, we recommend that you do not exceed the safe limits of alcohol (21 units for men and 14 units for women per week), as this can increase your risk of bleeding.

1.5 units = 125mls of wine

2 units = 1 pint of lower strength beer

## Will I have a follow-up?

Shortly after starting treatment, you may be asked to visit a cardiologist or haematologist at the hospital. This is to ensure that you are not experiencing any problems with your new medicine.

## Transfer of care to your GP

Your NOAC treatment will be started by a consultant at Guy's and St Thomas'. After three months of treatment, your GP may take over your care. However, if this is not possible, your hospital consultant will remain responsible for prescribing your medicine.

We recommend that you carry an anticoagulation card with you at all times in case of emergency. If you do not already have the card, please ask your pharmacist for one.

### Contact us

If you have any questions or concerns about your medicines, please talk to your doctor or a pharmacist. Alternatively, you can call our Pharmacy Medicines Helpline (please see details below).

**Don't stop taking your medicine without talking to a doctor first.**

### Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Mon to Fri

### Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS.

t: 020 7188 8801 at St Thomas'

t: 020 7188 8803 at Guy's e: [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

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# New oral anticoagulants (NOACs) for use in atrial fibrillation

**This leaflet aims to answer your questions about anticoagulants that may be prescribed for you when you are diagnosed with atrial fibrillation.**

**Always read the leaflet that comes with your medicine and speak to your doctor or pharmacist if you have any questions or concerns.**

## Why do I need an anticoagulant?

People with atrial fibrillation (AF) are at an increased risk of stroke. Your doctor has prescribed you an anticoagulant to reduce this risk. Anticoagulant medicines prevent the blood from clotting as quickly as it normally does.

## Why have I been prescribed a new oral anticoagulant (NOAC)?

Warfarin has been used to prevent stroke in people with AF for many years. However, new oral anticoagulants (NOACs) are now available, including apixaban, rivaroxaban and dabigatran. These medicines can be used instead of warfarin to help prevent strokes in people with AF. Unlike warfarin, they are used at a fixed dose, and they do not require close monitoring of blood levels.

Before you start taking a new anticoagulant, you will be able to discuss it with your consultant. It is important that you choose a therapy that suits you best.

## NOACs and warfarin

**Dabigatran** reduces the risk of having a stroke more than warfarin when used at the highest dose. It has a lower risk of severe bleeding than warfarin, but an increased risk of bleeding in the stomach or elsewhere in the gut.




**Rivaroxaban** is similar to warfarin at reducing the risk of having a stroke. It has a lower risk of severe bleeding than warfarin, but an increased risk of bleeding in the stomach or elsewhere in the gut.

**Apixaban** reduces the risk of having a stroke more than warfarin, with a lower risk of bleeding.

There are some disadvantages of taking the NOACs. For example, unlike with warfarin, there is currently no antidote to reverse their effects if a serious bleed happens. There are, however, procedures that can be carried out to stop the bleeding.

Your consultant will discuss the risks and benefits of the different treatments with you. Please ask them if you have any questions.

## How do I take the medicine?

Dabigatran	Rivaroxaban	Apixaban
 capsule	 tablet	 tablet
1 capsule <b>twice daily</b> (every 12 hours)	1 tablet <b>once daily</b> (at the same time of the day)	1 tablet <b>twice daily</b> (every 12 hours)

## What if I miss a dose?

If you miss a dose, take it as soon as you remember, but don't double up on the total daily dose. Please refer to the patient information leaflet supplied with your medicine for specific information, or call our Pharmacy Medicines Helpline for advice (please see the back page for contact details).

## Are there any side effects?

Bleeding is the most common side effect of NOACs, as they **increase** the time it takes for your blood to clot.

**Please seek medical advice immediately** if you suffer a significant blow to the head or have been involved in an accident, or if you have any of the following:

- prolonged nosebleeds (over 10 minutes)
- unusual headaches
- blood in your urine, stools or vomit
- black stools
- unexplained or severe bruising.

If you cut yourself, apply pressure as you normally would. It may take longer for the wound to stop bleeding. If the bleeding does not stop within 10 minutes, go to your local A&E.

## What about my other medicines?

Your medicines will be reviewed when you are first prescribed a NOAC, and any necessary changes will be made.

As other medicines (including herbal remedies) may interact with NOACs, **it is important that you check with a pharmacist before starting any new medicines or stopping any existing ones.** Avoid taking any other medicines that may increase your risk of bleeding (such as aspirin or ibuprofen), unless your doctor has specifically prescribed them for you.