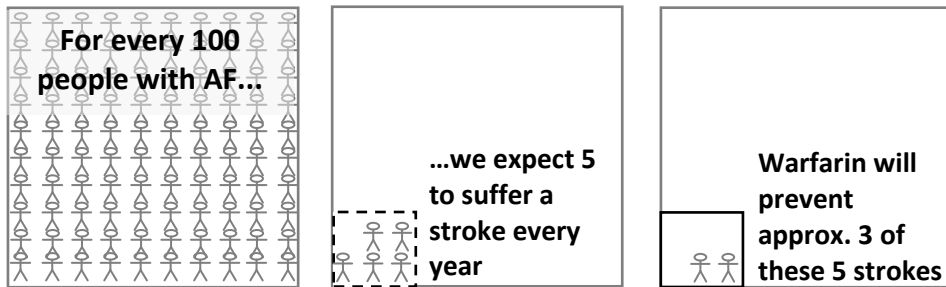


**Information for patients:  
Medications for stroke prevention in atrial fibrillation**

People with atrial fibrillation (AF) are at increased risk of having a stroke. If you have AF, your doctor should assess your individual risk of a stroke, and discuss with you whether you should be started on medication to reduce this risk. This leaflet has been devised to provide information in conjunction with the advice from your GP.

Warfarin has been used for the prevention of stroke in patients with AF for decades and is very effective.



Dabigatran is a new drug for stroke prevention in AF, which was launched in the UK in September 2011.



Results from the RE-LY clinical study suggest there may be a small unexplained increased risk of a heart attack with dabigatran when compared to treatment with warfarin.

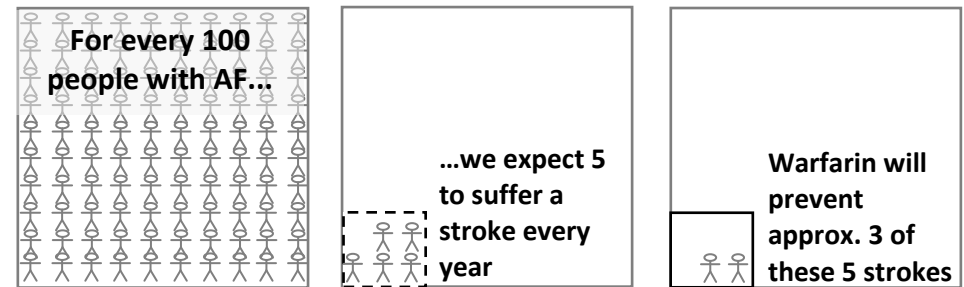
The South London Cardiac and Stroke Network recommendations for these drugs are available on the SLCSN website, [www.slcsn.nhs.uk](http://www.slcsn.nhs.uk).

Official guidance from NICE on the use of dabigatran was published in March 2012.

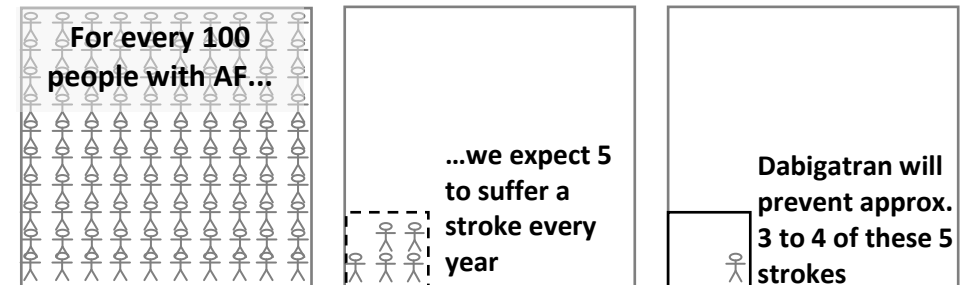
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Further information is available via our partner, the Atrial Fibrillation Association:  
 Email: [info@atrial-fibrillation.org.uk](mailto:info@atrial-fibrillation.org.uk) | Website: [www.atrialfibrillation.org.uk](http://www.atrialfibrillation.org.uk)

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Points to consider	
<b>Warfarin</b>	<b>Dabigatran</b>
Need to take medicine <b>once daily</b>	Need to take medicine <b>twice daily</b>
Long-term safety based on 50 years use in clinical practice.	No information available on long-term safety as recently launched on the market.
<b>Both</b> drugs are associated with an increased risk of bleeding because they are 'anticoagulants'. That is, they stop blood from clotting rapidly.	
Dose needs to be adjusted to the individual needs of the patient and therefore requires regular monitoring using blood tests.	Available in two strengths which have predictable effects, meaning that the drug does not need the same level of monitoring as warfarin. Patients on dabigatran will need to have their kidney function monitored before and during treatment.
Effective and well known antidote available, should a severe bleed occur whilst being treated.	No antidotes currently known, should a severe bleed occur whilst being treated.
<b>Interactions</b> (when a substance affects the activity of a drug)	
<b>Drug-food interactions</b> Some foods interact with warfarin (e.g. foods containing high amounts of Vitamin K). Currently there are no known food interactions.	<b>Drug-food interactions</b> Currently there are fewer known drug interactions with dabigatran. NOTE: There is less information available on interactions with dabigatran as it is a new drug. discussed with your GP.
<b>Drug-drug interactions</b> Some drug interactions, which may mean that patients require extra monitoring and dose adjustment to ensure an appropriate effect. Possible interactions should be discussed with your GP.	<b>Drug-drug interactions</b> Currently there are fewer known drug interactions with dabigatran. NOTE: There is less information available on interactions with dabigatran as it is a new drug.
Other side effects can include dyspepsia (heart burn/indigestion).	Other side effects can include dyspepsia (heart burn/indigestion).
In the RE-LY clinical study which compared warfarin and dabigatran in patients with AF, more patients stopped treatment with dabigatran than warfarin for reasons such as adverse effects (dabigatran=21% of patients and warfarin=17% of patients).	

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