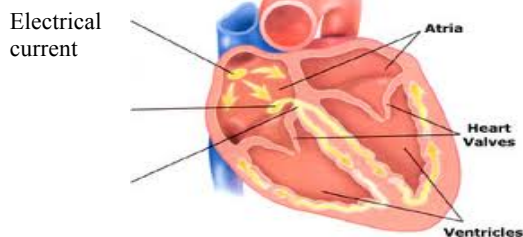


Family Medicine Clerkship Plain Language Summary

Title: Atrial Fibrillation and the Cat-and-Mouse Game of Warfarin Therapy: Balancing the Risks of Stroke and Gastrointestinal Bleeding.

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Plain Language Summary:



What is Atrial Fibrillation?

Atrial fibrillation is a fast, uneven heartbeat. It occurs when the electrical current that allows the two upper sections of the heart (the “atria”) to beat flows irregularly. Older people, people with heart problems, and people with infection or thyroid problems are more likely to have atrial fibrillation. Often, however, the cause is not known. Atrial fibrillation may occur once, come-and-go, or occur all the time.

Symptoms include a pounding or flutter in your chest and feeling faint, short of breath, or confused. Some people may not have symptoms. Your doctor can diagnose atrial fibrillation by measuring the electrical current in your heart with a test called an EKG.

Why did my doctor put me on warfarin (Coumadin)?

When your heart has a fast, uneven beat, blood does not flow well and can form clumps called clots. If these clots pass into your body through blood vessels, they can block nutrients and oxygen from reaching your brain, causing a stroke. Warfarin is medicine that makes your blood less likely to clot. Warfarin works by decreasing the activity of Vitamin K, a chemical that helps blood clot.

What are major risks of warfarin?

Warfarin is helpful because it prevents harmful clots. However, the ability of blood to clot also prevents harmful bleeding. When warfarin affects this process, you bleed more easily. Your doctor can do a lab test called the “INR” to see if the amount of medicine you are taking is good for preventing clots without causing too much bleeding. It is **very** important for you to have this test regularly.

Many serious bleeds due to warfarin happen in the stomach. You have more risk of bleeding when you have an ulcer or use NSAIDs. NSAIDs can damage the lining of your stomach, causing bleeding that is difficult to stop. It is important to limit your use of these medications while on warfarin. You should talk to your doctor before you start an NSAID. If you are taking NSAIDs, you should start a medication to protect the lining of your stomach.

I had a bleed while on warfarin. Now what?

If you have serious bleeding while taking warfarin your doctor may stop the medication. Doctors are studying the safety of restarting warfarin after a bleed. It is not clear if you have a higher risk of bleeding in your stomach again after you have had a stomach bleed. Some studies suggest there is not a higher risk, and it is important to balance your risk of stroke with your risk of bleeding. Your doctor will consider things like your age, blood pressure, and history of heart failure, diabetes or stroke to determine your risk for a stroke. If you have a moderate or high risk of stroke, it may be best to prevent a stroke by restarting warfarin.

If you restart the medicine after a bleed in your stomach, it is very important to protect the lining of the stomach. To do so, your doctor will start a medication that decreases the amount of acid in your stomach. Your doctor may also test and give you medication for a bacteria that can cause stomach ulcers.

Watch out for symptoms of bleeding. If you notice symptoms like black stools, feeling very tired or faint, or short-of-breath, you should call your doctor right away.

Where can I find more information?

Additional Resources:

National Heart Lung and Blood Institute (NHLBI)

<http://www.nhlbi.nih.gov/health/health-topics/topics/af/>

Mayo Clinic

<http://www.mayoclinic.com/health/atrial-fibrillation/DS00291>

NIH Handout on Warfarin

http://www.cc.nih.gov/ccc/patient_education/drug_nutrient/coumadin1.pdf

Medline Plus, Warfarin

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682277.html>

Key Words:

Atrial Fibrillation

Warfarin

Gastrointestinal Hemorrhage

Non-steroidal anti-inflammatory drug (NSAID)

Stroke

This document was created by a medical student enrolled in the Family Medicine Clerkship at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up-to-date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.