

**PATIENT INFORMATION LEAFLET 2 (PIL 2):
Questions on the differences in the treatment options**

QUESTION	TREATMENT OPTION		
	Not taking anything	Taking warfarin	Taking a NOAC (apixaban, dabigatran, edoxaban or rivoraxaban)
1. What is this option?	You will not take anything	<ul style="list-style-type: none"> You will take tablet(s) once a day, usually in the evening. The dose will be adjusted depending on blood test results (see question 5). You will have written instructions on how many tablets to take and an information booklet. 	<ul style="list-style-type: none"> Apixaban – take 1 tablet twice a day. Dabigatran – take 1 capsule twice a day. Rivaroxaban – take 1 tablet once a day. Edoxaban – take 1 tablet once a day. You will stay on the same dose all the time.
You will normally need to take warfarin and NOACs long term			
2. Will it reduce my risk of having a stroke?	Please see the table in the Patient Information Leaflet 1 which shows your risk of having a stroke depending on your CHA₂DS₂-VASc score, over 1 year for no treatment and for when you take an anticoagulant.		
3. Will it increase my risk of having major bleeding?	Please see the table in the Patient Information Leaflet 1 which shows your risk of having major bleeding depending on your HAS-BLED score, over 1 year for no treatment and for when you take an anticoagulant.		
4. What are the other main side effects?	This question does not apply	Warfarin and NOACs can cause side effects but not everyone gets them. The most common side effect is bleeding, including bruising and nose bleeds.	
		See manufacturer's patient information leaflet for warfarin for full list of side effects.	Since NOACs are newer drugs, all side effects are not yet known. See company information leaflets for apixaban , dabigatran , edoxaban and rivaroxaban for full list of side effects.
5. Will I need any regular blood tests?	This question does not apply	YES. For the first few weeks or months, you will need frequent blood tests. After that, most people need to have these tests every 1-2 months. Some people will need blood tests more or less often than this.	YES. You will need a blood test before you start treatment to check how well your liver and kidneys are working, and then usually once every year, but not more often than that unless you have certain medical conditions.
6. What happens if I forget to take a dose	This question does not apply	You should take warfarin at the same time, every day.	It is important to take the NOAC regularly as prescribed. The protective effect of the NOAC on the risk of stroke fades 12-24 hours after you take a dose.
		If you think you have missed a dose or taken an extra dose by mistake, then follow the instructions in the information booklet given to you or contact the health professional who monitors your treatment for advice.	

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7. Will I have to change what I eat and drink?	This question does not apply	Ask your health professional's advice before making any major changes to what you eat, especially foods rich in vitamin K (such as green leafy vegetables) because this may affect how your body responds to warfarin. Avoid drinking cranberry juice. If you drink alcohol, follow the national guidelines on how much is safe to drink and never binge drink. Written information will be given to you.	No, there is no need to change what you eat or drink.
8. Will the medicine interact with other medicines I take?	This question does not apply	Warfarin and NOACs can interact with several medicines, including medicines bought over the counter and herbal medicines. It is important to ask the advice of your health professional before starting or stopping any medicines. See the company information leaflets links in Question 4 to warfarin and each of the NOACs for a full list of medicines which may interact.	
9. What happens if I need non-urgent surgery, including dental surgery?	This question does not apply	It is important to tell anyone treating you, including your dentist, that you are taking an anticoagulant. You should tell them well before your appointment and show them the alert card that you will be given.	You would usually stop taking the NOAC 48 hours before the planned surgery or dental treatment, and start taking the NOAC straight away after the surgery.
		You would usually stop taking warfarin about 5 days before planned surgery, and start taking it again straight away afterwards. For dental surgery, you would not usually need to stop taking warfarin beforehand, but your blood clotting would be tested to help decide.	
10. What happens if the effects need to be reversed in an emergency (for example, after an injury or before emergency surgery)?	This question does not apply	You should carry the alert card that you will be given to tell anyone who treats you that you are taking warfarin or a NOAC. If you have a serious injury or need urgent surgery, you are more likely to have major bleeding because you take warfarin or a NOAC. It may be necessary to try to reverse the effects of warfarin or a NOAC if this occurs.	The best ways to reverse the effects of NOACs are not so well established and there is currently no antidote. It is more difficult to measure what effect the NOAC is having on your blood's ability to clot. It may not be possible to reverse the effects of the NOAC on clotting quickly or easily.
		Vitamin K is used as an antidote to reverse the effect of warfarin. This is well established and effective, and it is easy for medical staff to check what effect the warfarin is having on your blood's ability to clot. However, it is not always possible to reverse the effects of warfarin on clotting quickly or easily.	