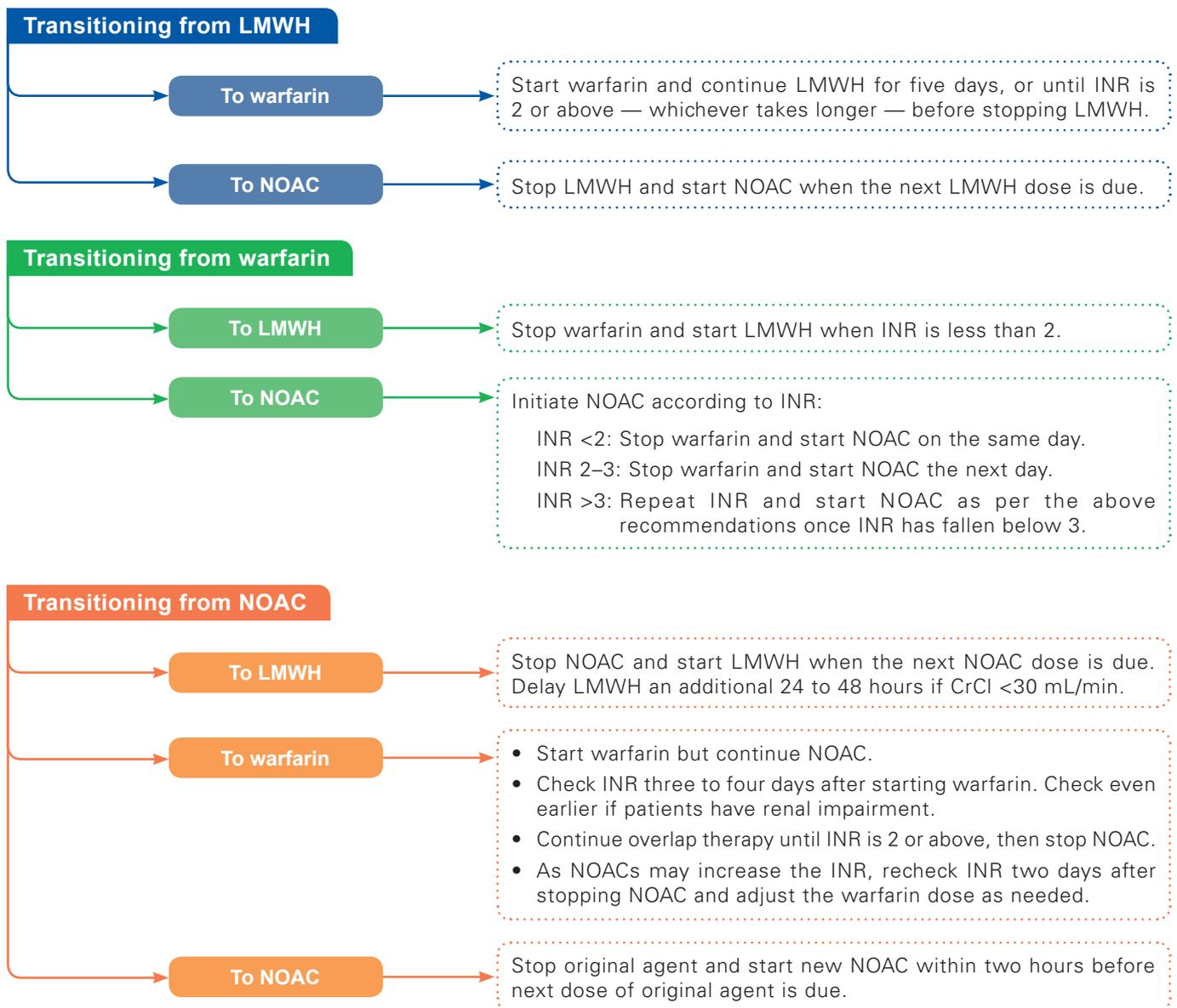




Switching between anticoagulants

Anticoagulants may be changed for medical reasons (such as hepatic or renal impairment, fluctuating international normalised ratio (INR) levels, or increased bleeding risk) or social reasons (such as cost issues, reluctance to do blood tests, poor compliance, and altered patient preferences). In general, switching between agents exposes patients to periods of increased thromboembolic and bleeding risks. This document gives guidance on information regarding appropriate switching strategies between low molecular weight heparin (LMWH), warfarin, and non-vitamin K antagonist oral anticoagulants (NOACs). NOACs are also known as direct oral anticoagulants (DOACs).



References

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