Unresolved challenges of anticoagulation management impair patient safety and quality of life.

Any minor trauma may result in lethal complications. Anticoagulated patients must avoid any activity that may result in trauma.¹

The one-year survival after intracranial hemorrhage is only about 20%.²

<table>
<thead>
<tr>
<th>Activities to monitor</th>
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<tbody>
<tr>
<td>• Many forms of exercise</td>
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<tr>
<td>• Many sports and recreational activities</td>
</tr>
<tr>
<td>• Many household activities such as gardening, housekeeping, do-it-yourself</td>
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<tr>
<td>• Many work-related activities</td>
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</table>

“...only those who have had a mechanical valve and faced its drawbacks can appreciate the mental tranquility after receiving a biological or bioprosthetic valve on reoperation...”⁴

— Walter PJ, et al.

Anticoagulation therapy also impacts patient diet and schedule. Patients taking anticoagulation therapy must monitor intake of herbal teas, alcohol, soy, and other foods high in vitamin K. Anticoagulation levels must be closely monitored during frequent physician or lab visits, which may interfere with travel, work, and leisure.

“The risk of intracranial hemorrhage with relatively minor head injury is increased dramatically in the anticoagulated patient.”³

— Karni A, et al.
Why compromise with anticoagulation variability?

Anticoagulation level is patient-dependent and difficult to manage.5,6

Patients with an unstable anticoagulation level need more frequent monitoring and have an increased risk of complications.

Factors contributing to warfarin maintenance dose variability6

Anticoagulation variability is affected by non-modifiable individual patient risk factors, such as demographics, ethnicity7, literacy4 or genetic polymorphism.6

“Patients may require very different doses (up to 10-fold differences) to reach the same level of anticoagulation, and the required dose may also vary over time in an individual patient.”9

— Rosendaal FR

References:

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