



integrated working

## Switching from Warfarin to a DOAC

### Available Support from the WSFT Anticoagulation Monitoring Service

In collaboration with the WSFT Anticoagulation Service, we have been actively considering wider use of DOACs across west Suffolk, and the replacement of warfarin therapy with DOACs, where appropriate.

In the light of the current situation with respect to COVID-19, and the need to limit patient hospital attendance to reduce the risk of contagion, we think, in specific cases, where patients would clearly benefit (because their anticoagulation control is poor and/or they need frequent INR checks or they need “shielding” e.g. those patients with COPD), now is the time to switch from warfarin to a DOAC. Please click [here](#) for national ***Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF and venous thromboembolism (DVT / PE) during the coronavirus pandemic.***

To support GPs with this, the WSFT Anticoagulation Service will:

- upon request, provide GPs with a list of the Time In Range (TIR) of their patients on warfarin, so that patients could be prioritised accordingly for reassessment of anticoagulation and switching from warfarin to a DOAC, if appropriate. This should allow practices to avoid blanket switching (which may not be helpful for every patient in the long-term) and to focus their resources on those patients that would benefit most.

***The WSFT Anticoagulation Service advise that:***

- ***GPs should not use the TIR calculated by SystemOne, as it can be unreliable; the Anticoagulation Service uses the recommended and reliable method of Rosendaal et al***
- ***patients on warfarin who check their own INR using a self-testing device, e.g., CoaguChek® SHOULD NOT be switched to a DOAC unless their TIR is poor***
- continue to assist GPs in switching patients from warfarin to a DOAC, if considered appropriate, and to guide patients safely through the switching process

In order that the WSFT Anticoagulation Service can support GPs and patients with the switch process, GPs are encouraged to let the Service know when they intend to switch a patient from warfarin to a DOAC. This will also help save the Service considerable time and effort chasing patients for INR checks when they have already been switched to a DOAC.

The WSFT Anticoagulation Service can be contacted via:

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Telephone: 01284 713088

The WSCCG-WSFT Atrial Fibrillation Anticoagulation-DOAC Prescribing Guidance can be accessed [here](#).