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المبادئ التوجيهية لتعديل جرعة الوارفارين أسترالیا pdf

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Thanks to our supporters Postal address: Norwegian Institute of Public Health WHO Collaborating Centre for Drug Statistics Methodology Postboks 222 Skøyen 0213 Oslo NorwayVisiting/delivery address: Myrens verksted 6H 0473 Oslo Norway Tel: +47 21 07 81 60E-mail: Copyright/Disclaimer New search Hide text from GuidelinesB BLOOD AND BLOOD FORMING ORGANS B01 ANTITHROMBOTIC AGENTS B01A ANTITHROMBOTIC AGENTS B01AA Vitamin K antagonists This group comprises vitamin K antagonists such as dicoumarol, warfarin etc.The DDDs are based on prophylaxis of thrombosis. ATC code Name DDD U Adm.R Note B01AA03 warfarin 7.5 mg O 7.5 mg P List of abbreviations 2009-01-07 يعرف دواء الوارفرين بأنه (مضاد للتخلط) وفعال جدا في الوقاية من جلطات الدم و معالجة الانصمام الخثاري الوريدي (venous thromboembolism) . ريف في المعدة و الأمعاء) وتقلى ذلك فإن زيادة الوقت في بطاق العلاج (الجرعة المثلى) هو في غاية الأهمية TUESDAY, Dec. 30HealthDay News Share — copy and redistribute the material in any medium or format for any purpose, even commercially. Adapt — remix, transform, and build upon the material for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms. Attribution — You must give appropriate credit , provide a link to the license, and indicate if changes were made . You suggests the licensor endorses you or your use. ShareAlike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. No additional restrictions — You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits. You do not have to comply with the license for elements of the material in the public domain or where your use is permitted by an applicable exception or limitation . No warranties are given. The license may not give you all of the permissions necessary for your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material. Frequently asked questions about INR Key points about warfarin and INR Different people respond to warfarin differently. Monitoring with an INR test is needed to make sure you are taking the right dose of warfarin. The test is called an INR (international normalised ratio) test. If you are taking warfarin, you will need to have regular blood tests that measure how long your blood takes to clot. The test is called an INR (international normalised ratio) test. The goal of warfarin therapy is to control blood clots. Having too little warfarin puts you at risk of your blood clotting and having too much warfarin puts you at risk of bleeding. Therefore, the effect of warfarin must be monitored carefully with blood testing. INR tests are very important to help your doctor decide on the best dose of warfarin for you. Your doctor will tell you what INR you should be aiming for. This is called the target INR range. Your target INR range will depend on the condition being treated. Atrial fibrillation (AF) – for most people with AF, the target INR range is from 2–3. People with mechanical heart valves may need a higher INR target range from 2.5–3.5. An INR in the right range will prevent blood clots and reduce the risk of bleeding. High INR: If your INR is too high, you are at increased risk of bleeding. Your warfarin dose may need to be lowered. Low INR: If your INR is too low, you are at increased risk of blood clots forming and your warfarin dose may need to be increased. When you start taking warfarin, you will have an INR test daily or every second day until the right dose is worked out for you. It may take 1–2 weeks to find the right dose, then a blood test is usually only needed every few weeks. How often a blood test is needed is different for everybody. After your blood test your dose of warfarin may be changed to keep the INR within the target range for you. There are a few things that can affect your INR, such as: missed warfarin doses other medicines, including over-the-counter pharmacy medicines, vitamins, minerals, herbal medications and dietary supplements large changes to your diet alcohol. Read more about warfarin and warfarin and diet. Yes, you may eat and drink as normal before this test. In New Zealand you can get your INR test done at a blood collection centre (such as MedLab) and some community pharmacies. Blood collection centre Across New Zealand there are blood collection centres where a phlebotomist (someone who is trained to take blood) collects a blood sample from your vein. This sample is then sent to a laboratory for analysis. Your INR result will be passed onto your GP. At a pharmacy Some pharmacies in New Zealand have a warfarin service called the Community Pharmacy Anti-Coagulation Management Service (CPAMS). The pharmacist measures your INR levels using a finger prick test and can tell you the dose of warfarin to take. Your GP is also informed of the INR result, as they have overall responsibility for your care. Read more about CPAMS(external link). You can find out if a pharmacy near you offers CPAMS(external link). INR self-testing Some people prefer to monitor their INR by themselves using a coagulation self-testing device. This device is not subsidised – you would have to pay for it in full. Talk to your doctor if you think INR self-testing is suitable for you. You need to keep track of your warfarin dose and your INR because your dose of warfarin depends on your INR test result. Based on your INR test results, your doctor or pharmacist will talk to you about whether your warfarin dose will stay the same or needs to be changed. The aim is to try and keep your blood clotting time within your therapeutic range so that you won't be at risk of clotting or bleeding. Make sure you understand the instructions. There are different ways you can record your INR: Anticoagulation booklet (also called the warfarin red book) – this is available from your pharmacy or GP. Warfarin and INR diary – print the page and fill in the information. You can ask your doctor, pharmacist or nurse to help you fill it in. Apps - if you have a smartphone or mobile device, there are a number of apps you can use to keep track of your warfarin dose and INR result. See warfarin apps. Warfarin and INR diary [PDF, 131 KB] Healthify He Puna Waiora, NZ English [PDF, 131 KB], Cook Islands Māori [PDF, 246 KB]Warfarin – what you need to know(external link)(external link) SafeRx, Waitemata DHB, 2016 English(external link)(external link), Chinese(external link)(external link), Korean(external link)(external link), Niuean(external link)(external link), Samoan(external link)(external link), Tongan(external link)(external link)5 questions to ask about your medications(external link) Health Quality and Safety Commission, NZ, 2019 English(external link), te reo Māori(external link)Apps/toolsWarfarin and INR diaryReferences Credits: Sandra Ponen, Pharmacist, Healthify He Puna Waiora. Healthify is brought to you by Health Navigator Charitable Trust. Reviewed by: Maya Patel, MPharm PGDipClinPharm, Auckland Last reviewed: 20 Oct 2021 Page last updated: 11 Nov 2021 Postal address: Norwegian Institute of Public Health WHO Collaborating Centre for Drug Statistics Methodology Postboks 222 Skøyen 0213 Oslo NorwayVisiting/delivery address: Myrens verksted 6H 0473 Oslo Norway Tel: +47 21 07 81 60E-mail: Copyright/Disclaimer Warfarin may cause severe bleeding that can be life-threatening and even cause death. Tell your doctor if you have or have ever had a blood or bleeding disorder; bleeding problems, especially in your stomach or your esophagus (tube from the throat to the stomach), intestines, urinary tract or bladder, or lungs; high blood pressure; heart attack; angina (chest pain or pressure); heart disease; pericarditis (swelling of the lining (sac) around the heart); endocarditis (infection of one or more heart valves); a stroke or ministroke; aneurysm (weakening or tearing of an artery or vein); anemia (low number of red blood cells in the blood); cancer; chronic diarrhea; or liver disease. Also tell your doctor if you fall often or have had a recent serious injury or surgery. Bleeding is more likely during warfarin treatment for people over 65 years of age, and it is also more likely during the first month of warfarin treatment. Bleeding is also more likely to occur for people who take high doses of warfarin, or take this medication for a long time. The risk for bleeding while taking warfarin is also higher for people participating in an activity or sport that may result in serious injury. Tell your doctor and pharmacist if you are taking or plan to take any prescription or nonprescription medications, vitamins, nutritional supplements, and herbal or botanical products (See SPECIAL PRECAUTIONS), as some of these products may increase the risk for bleeding while you are taking warfarin. If you experience any of the following symptoms, call your doctor immediately: pain, swelling, or discomfort, bleeding from a cut that does not stop in the usual amount of time, nosebleeds or bleeding from your gums, coughing up or vomiting blood or material that looks like coffee grounds, unusual bleeding or bruising, increased menstrual flow or vaginal bleeding, pink, red, or dark brown urine, red or tarry black bowel movements, headache, dizziness, or weakness.Some people may respond differently to warfarin based on their heredity or genetic make-up. Your doctor may order a blood test to help find the dose of warfarin that is best for you.Warfarin prevents blood from clotting so it may take longer than usual for you to stop bleeding if you are cut or injured. Avoid activities or sports that have a high risk of causing injury. Call your doctor if bleeding is unusual or if you fall and get hurt, especially if you hit your head.Keep all appointments with your doctor and the laboratory. Your doctor will order a blood test (PT [prothrombin test] reported as INR [international normalized ratio] value) regularly to check your body's response to warfarin.If your doctor tells you to stop taking warfarin, the effects of this medication may last for 2 to 5 days after you stop taking it.Your doctor or pharmacist will give you the manufacturer's patient information sheet (Medication Guide) when you begin treatment with warfarin and each time you refill your prescription. Read the information carefully and ask your doctor or pharmacist if you have any questions. You can also visit the Food and Drug Administration (FDA) website (or the manufacturer's website to obtain the Medication Guide.Talk to your doctor about the risk(s) of taking warfarin. The anti-clotting drug warfarin, commonly known by the brand name Coumadin, is no longer recommended for the treatment of atrial fibrillation except for a select subset of patients, according to guidelines released Monday by the American College of Cardiology and the American Heart Association. Instead, doctors and patients are encouraged to use drugs called "novel oral anticoagulants," or NOACs, that have been developed and approved during the past decade by the US Food and Drug Administration. Although many of the latest recommendations for atrial fibrillation or Afib remain the same as the last version, issued in 2014, other key changes in the 2019 update include starting anticoagulants at lower stages of the disease and focusing on lifestyle changes such as weight reduction. Three million to 6 million Americans have some form of Afib. According to the Centers for Disease Control and Prevention, about 2% of people younger than 65 and 9% of those above 65 experience symptoms of the condition, making it the most common type of heart arrhythmia. "It becomes an even bigger problem as people age into their 70s and 80s," said University of Wisconsin cardiologist Dr. Craig January, who was the lead writer for both the 2014 and 2019 guidelines. "So the numbers of people affected by Afib will go up a great deal in our society as the population of baby boomers age." People with Afib describe the sensation as a flutter in their chest, as if the heart is quivering instead of beating. For some people, the heart might do an uncomfortable flip-flop, like a trapped fish. Often, it skips a beat and then races for what might seem like forever. Those sensations occur when the upper chambers of the heart receive disordered electrical signals and begin to shudder. As a result, the connection to the lower chambers of the heart is bombarded by impulses, which causes that area to beat more rapidly as well, but out of sync with the rest of the heart. In the midst of an attack, the heart rate can range from 100 to 175 beats a minute. But while it's beating rapidly, January said, the heart also doesn't contract properly, allowing blood to pool in the left atrial appendage. That's a small ear-shaped sac in the muscle wall of the left upper chamber of the heart. The pooling can allow blood to thicken, and when it's released, it can produce a clot that can travel dangerously throughout the body. Often, the clot ends up in the brain, causing a stroke. People with Afib are up to five times more likely to have a stroke than those without the condition. The new guidelines continue to stress the use of anticoagulants for Afib, but with a major change. "In 2014, we recommended the use of warfarin and NOACs, but we didn't prioritize one over the other," January said. "We are now saying that in some patients, NOACs are better than warfarin." Because of a lack of research on the effects of NOACs vs. warfarin, the guidelines suggest that patients with mechanical heart valves and moderate to severe mitral stenosis (a narrowing of the mitral value opening in the heart), should continue on warfarin. For other patients, the use of novel oral anticoagulants are encouraged. Those include dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis) and edoxaban (Savaysa). "NOACS are better at preventing stroke and have fewer side effects," January said. "NOACs are not free of side effects, but compared to warfarin, it's easier to manage." Warfarin, which was first developed as a rat poison, has been used since 1954 to reduce the risk of blood clotting. Often called a blood thinner, warfarin does not actually thin the blood. Instead, it works by blocking the formation of vitamin K-dependent clotting factors, reducing the blood's ability to clot. Marketed under the names Coumadin, Jantoven, Marevan, Lawarin and Waran, warfarin is highly effective at reducing the risk of stroke and has long been the most widely used anticoagulant in the world. Dosage can be affected by a person's weight loss or gain, level of alcohol intake and infections or other illness. Some over-the-counter medications, like those for colds and cough, contain stimulants that can also increase the heart rate. Because so many factors can affect warfarin's impact, those using the drug must be monitored via blood tests on a regular basis, usually every three months, to avoid the risk of excessive bleeding or clotting. As people age, those interactions become more common, and blood draw frequency can rise to once a week. The newer forms of anticoagulants don't require such intensive monitoring, January said. "With NOACs, you don't measure or draw blood," January said. "Once a year, you do a kidney and liver function test, because that's where they are metabolized." In addition, January said, there are FDA-approved reversal agents available for most of the NOACs that will rapidly reduce their anti-coagulation effects in cases of severe bleeding. There are many causes of atrial fibrillation. It could run in the family, or you could be born with an abnormality to your heart's structure, such as abnormal heart valves. Conditions like high blood pressure, overactive thyroid, lung disease, viral infections and a malfunction of the heart's pacemaker can also contribute. So can heart attacks, heart surgery, sleep apnea and exposure to stimulants such as caffeine, tobacco and alcohol, as well as some medications. Risk factors for Afib also include diabetes and obesity. That's why, for the first time, the guidelines have a section on weight management, January said. Research has shown that eating a heart-healthy diet, such as the Mediterranean diet, is a key factor to improving heart health. Numerous studies have found that the Mediterranean diet can reduce the risk of diabetes, high cholesterol, dementia, memory loss, depression and breast cancer. Meals from the sunny Mediterranean region have also been linked to stronger bones, weight loss and longer life. A heart-healthy lifestyle includes more than diet. Increasing physical activity, avoiding smoking, limiting caffeine and alcohol, and reducing bad stress, such as intense anger and frustration, that can affect the heart's rhythm, are also protective. فحص هذا الدليل ، سلسلة من التأثيرات التي تؤثر على آليه تخثر الدم في الجسم. ويحقق الدواء انخفاضا ملحوظا في نسبة الوفيات بين مرضى القلب الذين يتناولون الوارفارين مقارنة بالذين يتناولون الدواء الوهمي (72 ساعة) حالات النزيف الهامة نفس الصفيحات الدموية الشديد أمراض الكبد اللا تعويضية الحمل: النساء الحوامل تتطلب هذه الأدوية عناية خاصة، حيث يمكن للوارفارين أن يخترق حاجز المشيمة. وقد يسبب الدواء مضاعفات للجنين، بما في ذلك الإجهاض التلقائي، وولادة جنين ميت، ووفاة حديثي الولادة. كبار السن: يحتاج المرضى المسنون إلى مراقبة أكثر صرامة بسبب زيادة مخاطر النزيف المرتبطة بعوامل مرتبطة بالعمر مثل السقوط وتفاعلات الأدوية والحالة الإدراكية. غالبًا ما يطبق الأطباء أنظمة جرعات أكثر تحفظًا لهؤلاء الأفراد. رصد: يضمن مراقبة INR الحالة تطاق 1. هل الوارفارين له آثار جانبية؟ إن أكثر الآثار الجانبية شيوعًا للوارفارين هو النزيف. ويمكن أن يتراوح النزيف من كدمات بسيطة إلى نزيف داخلي حاد. وقد يعاني المرضى كمن يعاني في الأنف أو الوارفارين ما هو الدواء الذي يعتمد نجاح المريض مع هذا الدواء على الحفاظ على روتين يومي تابعيهم وتعاون نمط الحياة لتحقيق الفعالية المثلى. 2.0 - 3.0 الوارفارين هو دواء أساسي في علاجات التخثر الحديثة، ويتطلب عناية فائقة بالجرعات والمراقبة وتعاون نمط الحياة لتحقيق الفعالية المثلى. يعتمد نجاح المريض مع هذا الدواء على الحفاظ على روتين يومي تابعيهم وتعاون نمط الحياة لتحقيق الفعالية المثلى. الأمد، في حين يتطلب الهيماتين الحقن ويناسب العلاج قصير الأمد. يستغرق الوارفارين عدة أيام للوصول إلى تأثيره الكامل، في حين يعمل الهيماتين على الفور. 9. هل الوارفارين آمن؟ عند مراقبته وإدارته بشكل صحيح، يوفر الوارفارين مصاد تخثر آمن وفعال. ويعتمد النجاح على المراقبة المنتظمة والجرعات المنقسمة والتزام المريض. 10. ما هي الأطعمة التي يجب تجنبها عند تناول الوارفارين؟ عند مراقبته وإدارته بشكل صحيح، يوفر الوارفارين مصاد تخثر آمن وفعال. يجب على المرضى الحفاظ على تناول الأطعمة الغنية بفيتامين ك بشكل منتظم بدلاً من تجنبها تمامًا. الحد من استهلاك: عصير ألتوت البري والجريب فروت كحول تغيرات كبيرة مفاجئة في تناول الخضروات الورقية الخضراء