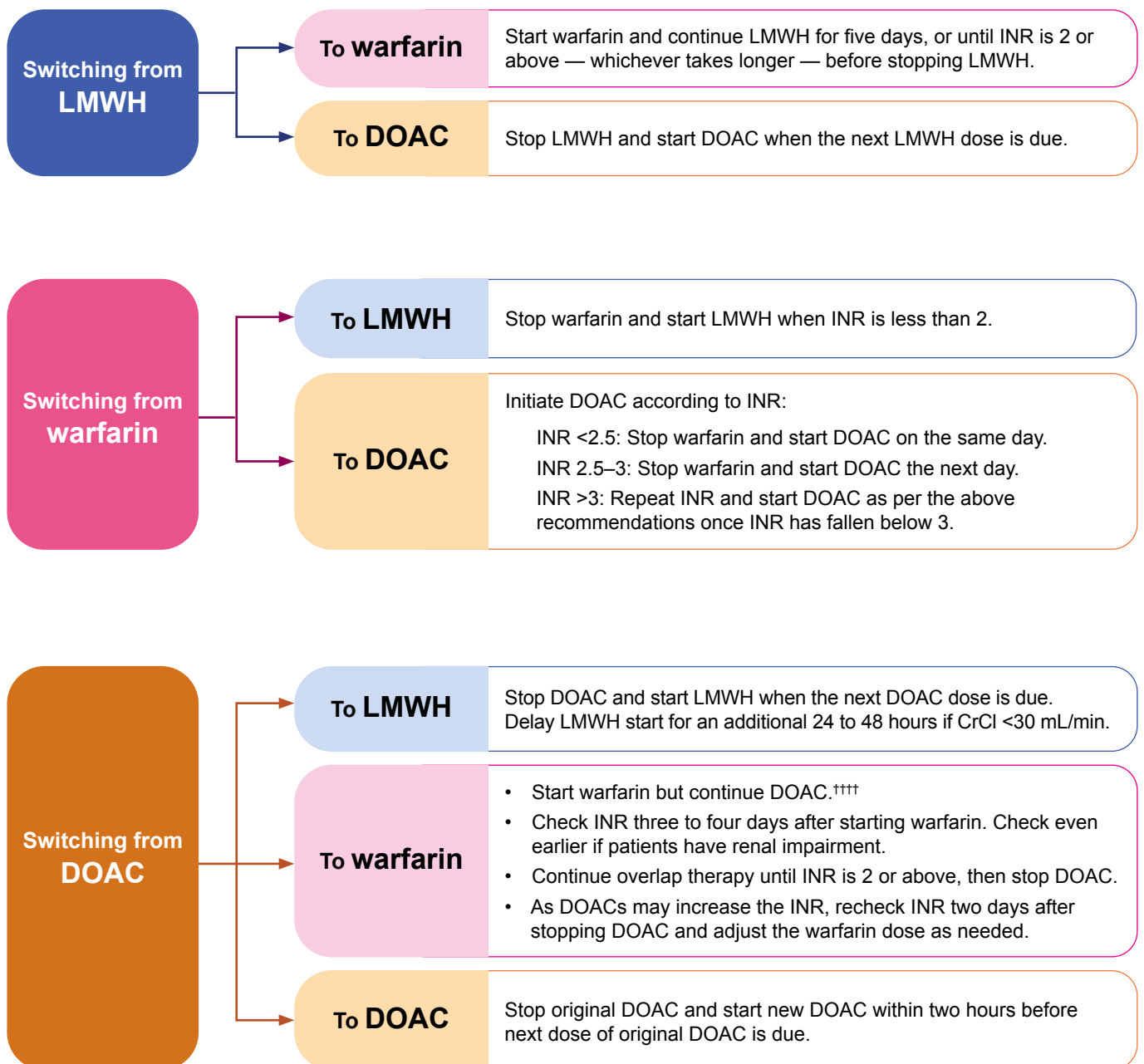




Switching between anticoagulants

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 adherence, and altered patient preferences). In general, switching between anticoagulants exposes patients to periods of increased thromboembolic and bleeding risks. This document gives guidance on appropriate switching strategies between low molecular weight heparin (LMWH), warfarin, and direct oral anticoagulants (DOACs).^{39,48–50}



^{†††} For patients on edoxaban 60 mg, start warfarin but decrease edoxaban dose to 30 mg once daily until INR ≥2.