

# Managing Your Warfarin: A Guide to Staying in Range

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If you have been sent this link, it is because your INR has been outside of your target range more often than is ideal. This is sometimes called having a low "Time in Therapeutic Range" (TTR).

As you will know, INR is name of the blood test we conduct to assess the effect of warfarin.

The goal of this leaflet is to help you understand why staying "in range" matters and how small, consistent changes in your daily life can help stabilize your results.

## Why does my "Range" matter?

Warfarin is a very effective medication used to prevent harmful blood clots. However, it requires a careful balance.

- **If your INR is below your target range** your blood is not "thin" enough. You are at a higher risk of a blood clot, which could lead to a stroke or a clot in the leg or lung.
- **If your INR is above your target range** your blood is "too thin," significantly increasing your risk of internal or heavy bleeding.

The longer we keep the INR within the right range, the more clots we prevent and/or the less bleeds will occur.

## What affects your warfarin control

### 1. Missing doses, taking extra doses or taking incorrect doses

Always follow the schedule you are given when you have an INR test. Also ensure you are using the correct strength of tablets. By consensus, in UK, warfarin is available in different strengths, each one of a different colour:

- 0.5mg tablets are always WHITE
- 1mg tablets are always BROWN
- 3mg tablets are always BLUE
- 5mg tablets are always PINK

Take Warfarin at the same time every day: Usually in the evening (around 6 pm) is best.

## 2. The vitamin K “balancing act”

Warfarin prevents blood clots by inhibiting the action of Vitamin K in the liver. Since Vitamin K is present in various foods—particularly leafy greens—maintaining a consistent diet is essential for stable treatment.

A sudden **decrease** in Vitamin K can lead to an **elevated INR**, increasing the risk of bleeding. Conversely, a sudden **increase** in Vitamin K can **reduce your INR**, making the medication less effective at preventing clots.

**The most important rule: Consistency is key.** You do not need to stop eating healthy greens; you just need to eat roughly the same amount of them each week so your Warfarin dose can be matched to your lifestyle.

### Foods Rich in Vitamin K (Eat consistently)

If you suddenly change your intake of these, your INR may fluctuate:

- Leafy Greens: Spinach, kale, spring greens, cabbage, and watercress.
- Vegetables: Broccoli, Brussels sprouts, asparagus, and green beans.
- Others: Avocado, liver/pâté, and certain oils (like soybean or olive oil).

### Foods Low in Vitamin K (Eat freely)

- Root Vegetables: Carrots, potatoes, and parsnips.
- Other Veg: Cauliflower, mushrooms, peas, peppers, and tomatoes.
- Fruit: Most fruits (except kiwi and some berries).

If you are planning to start a new diet or significantly change the types or amounts of food you eat, please let us know at your next INR clinic. We can arrange more frequent testing during this time to help keep your levels stable and ensure your medication remains at the correct dose.

## 3. Important Drink Warnings

- **Cranberry & Pomegranate Juice:** These can significantly increase your risk of bleeding. It is often safest to avoid these entirely.
- **Alcohol:** Binge drinking can dangerously thin your blood. If you choose not to drink that would be ideal, but if you drink alcohol, aim to keep intake below 14 units per week and drink little amounts regularly rather than a large intake on specific days. Drinking excessively can also increase risk of falls which can be specially dangerous to patients taking warfarin due to the increased bleeding risk

## Other Factors That Modify Your INR

### 1. New Medications and Supplements

Always tell your pharmacist or doctor you take Warfarin before starting anything new:

- Antibiotics: Many can cause a rapid and dangerous rise in INR.
- Herbal Remedies: St John's Wort, Ginkgo Biloba, and Garlic supplements can interfere.
- Painkillers: Avoid Ibuprofen, Aspirin, or Naproxen unless specifically prescribed.

## 2. Illness and Physical Changes

- Vomiting or Diarrhea: If unwell for >48 hours, your body may not absorb medication correctly.
- Weight Changes or significant changes in appetite: Significant shifts can change how your body processes the drug.

## Tips for Success

1. Never double your dose: If you miss a dose, do not take two the next day.
2. Always report any changes to diet, alcohol or medication when you attend your INR appointments. Equally inform clinicians if you have missed any doses or taken any extra doses
3. The "Handful" Rule: Aim for a consistent portion of green vegetables daily.

If you have questions, please contact the surgery and ask for an appointment with a member of the Pharmacy team and we can discuss this information in more detail.