Women and Warfarin

If you’ve been prescribed warfarin, one of the first questions you may be wondering is how warfarin will affect you both short and long-term. For women prescribed warfarin, their time in INR (International Normalized Ratio) target range, or a measure of how well warfarin is working, is consistently less than men.¹

**Warfarin statistics by gender:**
- Women spend less time in their target range while on warfarin.²
- Women are almost 50% less likely to be referred to a specialized clinic.
- Women are diagnosed with atrial fibrillation at an older age than men.³
- Women under-performed by 5% time in range compared to men.¹

There are a few behaviors that increase chances of safe and successful long-term warfarin use:

**Consistent dietary choices.** Good health includes a healthy diet, quality sleep, exercise and attention to bone health. Dietary vitamin K, D and calcium are important for those taking warfarin.

**Test frequently.** Studies have shown that more frequent testing can improve your safety on warfarin.¹

**Medications and birth control.** Talk to your doctor about what prescription and nonprescription medications, vitamins, and nutritional supplements you are taking or plan to take. Some medications, like birth control pills (oral contraceptives) can interact with warfarin.⁴

**Pregnancy.** Warfarin is known to cause birth defects.⁴ If you are taking warfarin and want to become pregnant, talk to your doctor about alternatives before you become pregnant.

**Post-menopause.** Regular exercising and stretching will improve your strength and balance and reduce your risk of falling.

Consistency is essential while on warfarin. If you are concerned about stroke, heart disease risk or other conditions that affect your safety, talk to your doctor.
Most people think of calcium and vitamin D as being important nutrients for strong and healthy bones. Did you also know that vitamin K is not only a fat soluble vitamin that assists with normal blood clotting, but is equally important to long term bone health?

Vitamin D helps your body absorb the calcium you eat or drink. Vitamin K’s role in bone health is to assist cells in the bone to maintain normal bone density. It also helps to produce a protein which promotes calcium absorption by the bones instead of it being deposited in soft tissue such as the lining of our blood vessels. Warfarin (or brand of warfarin such as Coumadin®) prevents the normal effect of vitamin K on clotting.5

Vitamin K is not a single nutrient, but actually a group of vitamins. The two main groups of vitamin K are vitamin K1 (phyloquinone) and K2 (menaquinone). K1 is found in many green leafy vegetables.6 K2 is produced by bacteria within your digestive tract but can also be found in foods such as meat, liver, butter, egg yolk, cheese, curd cheese and fermented soy products.7 The K2 form is the most biologically active form of Vitamin K.8

The National Academy of Sciences recommends a daily adequate intake of vitamin K at 90 mcg for adult women and 120 mcg for adult men.9 People taking warfarin are usually cautioned to be aware of how much vitamin K they consume in their daily diet. Patients taking warfarin should not completely eliminate vitamin K from their diet. A stable and consistent intake of vitamin K is important for bone health and to enable proper dosing of warfarin. When considering any increased vitamin K intake while taking warfarin, it should be discussed with your doctor before doing so.

Bone Health and Vitamin K

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Improve your INR stability by testing more frequently with Home INR Monitoring.

Call Alere at 1.877.262.4669 today or talk to your doctor for more information.
Dangers of Falling
Falls happen to people of all ages, but adult falls are far more serious. When children fall, they usually get up, but for adults that is not always the case. Each year, 33% of adults age 65 and older have a fall. If you take warfarin, when you fall you are at increased risk for a serious bleeding event.

How to Manage a Fall
If you know you are going to fall, here are some suggestions to reduce your risk of a more serious injury.

- Lean forward slightly so if there is a fall, you fall forward.
- Raise both your hands so they are in front of you for support.
- Slowly drop to one knee so you are already closer to the floor or ground.
- Keep your hands ready to brace your fall or simply sit down. Then, call for help.
- Falls on stairs are the most dangerous. Have a plan on what you would do if you fall going UP or DOWN your stairs and always use the handrail.

Seasonal Affective Disorder (also known as “SAD” and “Winter Depression”) is a type of depression that occurs most commonly in the winter months. SAD, as with most forms of depression, is more common in women than men. People that live in areas that have very long, dark winter nights have a greater incidence of SAD than people who live in very sunny climates.

Symptoms of SAD usually come on gradually in the late autumn or winter months. They are similar to the symptoms seen in other types of depression.

Healthy lifestyle habits such as getting plenty of sleep regularly, eating a balanced, healthy diet, exercising more often, taking all medications as prescribed and finding activities that one enjoys can help manage symptoms of SAD.

What are some physical causes of stress?
Stress can be brought on by a variety of physical conditions: Pain as a result of a fall, colds, flu and fatigue.

What are some emotional causes of stress?
The body also reacts to adverse emotional conditions. Some stress is due to worry, concern or significant loss.

When taking warfarin, sudden instability of your INR test results may be due to stress. Be sure to talk to your doctor.
Anyone can have a stroke no matter your age, race or gender. But, the chances of having a stroke increase with certain risk factors, and after the age of 55, the stroke rate more than doubles for both men and women. Even though the stroke rate for men is higher, women suffer more strokes each year than men. This is mainly because women tend to live longer than men and strokes are more likely to happen later in life.

Most strokes can be avoided by knowing and managing the risk factors. The best way to protect yourself is to understand your risk, how to manage your risk and be aware of the symptoms of stroke. In a recent Women and Stroke Survey, by HealthyWomen and in partnership with the American College of Emergency Physicians and the National Stroke Association, women did not know that stroke kills twice as many women as breast cancer every year. In fact, survey respondents believed breast cancer was five times more common than stroke.

Some additional results from the survey include:

- Twenty-seven percent of women surveyed could name no more than two of the six primary stroke symptoms.
- One in four women did not know that stroke can happen at any age.
- Women under 50 were much less confident about their level of knowledge of stroke.

There are many risk factors for stroke, many of which can often be changed by managing your risk factors. Some risk factors that are common for both men and women are:

- Family history of stroke.
- High blood pressure (called hypertension) – called the “silent killer” since it has no symptoms.
- High cholesterol.
- Atrial fibrillation.
- Smoking – cigarette smoking increases risk of ischemic stroke nearly two times.
- Diabetes.
- Being overweight – people who were overweight were 22% more likely to suffer an ischemic stroke than normal weight people and obese people was 64% higher.
- Not being physically active or exercising – moderate-intensity exercise such as walking, can reduce total stroke by 19% and ischemic stroke by 29% in women.

Risk factors unique to women:

- Taking birth control pills (oral contraceptives).
- Being pregnant.
- Using hormone therapy.
- Having a large waistline – women with a high “waist-to-hip ratio” had seven times greater risk of stroke.
- Suffering from migraines – migraines with aura can contribute to heart attack and stroke risks.
- Race – African-American women suffer a higher number of strokes than Caucasian women, and stroke is the leading cause of death for Hispanic women.

One way to improve your odds of not having a stroke is to empower yourself to learn more about stroke risks and signs. For more information about signs of stroke, visit PTINR.com or talk to your doctor about your risk of stroke and how to make lifestyle changes and medicines that can lower your risk of stroke.

WellLife: A guide for living on warfarin is brought to you by Alere, the leader in anticoagulation monitoring and services. The Alere PTINR.com website is the #1 online anticoagulation resource for doctors and patients. The content presented in this publication is not intended to be a substitute for professional medical advice. No effort is made at diagnosis or treatment of any condition. Only your doctor can help you with diagnosis and treatment of medical problems. Always discuss your concerns with your physician. Do not change your diet or medication without first checking with your physician.

References