

Range of international normalised ratio (INR) recommended for specific applications of warfarin therapy

Condition	INR range
Prevention and treatment of venous thromboembolism (VTE)	
First episode of VTE	2.0–3.0
Recurrent VTE whilst anticoagulated and within therapeutic range	3.0–4.0
Antiphospholipid syndrome (APS)	2.0–3.0
Atrial fibrillation	2.0–3.0
Myocardial infarction	2.0–3.0
Dilated cardiomyopathy	2.0–3.0
Cardioversion (3 weeks prior and 4 weeks post)	2.0–3.0
Valvular heart disease	
Mitral stenosis/regurgitation	2.0–3.0
Mechanical valves	
Mechanical aortic valve	2.0–3.0
Mitral bioprosthetic valve (first 3 months)	2.0–3.0
High risk mechanical heart valves:* mitral valve, both aortic and mitral valves, aortic valve with risk factors**	2.5–3.5

*Mechanical valves of Lillehei-Kaster, Omniscience, Starr-Edwards type have high thrombogenicity and a higher target INR of 3.0–4.0 in the absence of patient-related risk factors; target INR 3.5–4.5 in the presence of risk factors

**Patient-related risk factors: mitral, tricuspid or pulmonary valve replacement; previous VTE; AF; left atrial diameter >50mm; left atrial dense spontaneous contrast; MS of any degree; LVEF<35%; hypercoagulable state.

References

- Keeling D et al. Guidelines on oral anticoagulation with warfarin – fourth edition. *British Journal of Haematology*. (2011) 154:3, 311-324.
- Holbrook A et al. Evidence-Based Management of Anticoagulant Therapy, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *CHEST* (2012) 141(2)(Suppl):e152S-e184S
- Tran H et al. An update of consensus guidelines for warfarin reversal. *MJA* (2013) 198:4.
- You J et al. Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *CHEST* (2012) 141(2)(Suppl):e531S-e575S
- Vahanian A et al. Guidelines on the management of valvular heart disease: the task force on the management of valvular heart disease of the European Society of Cardiology. *European Heart Journal* (2007) 28, 230-268.