

## Risk factors for bleeding complications of warfarin therapy

Based on an update of consensus guidelines for warfarin reversal by the Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ) in 2013.

**The major determinant of bleeding risk is the INR.**

**Bleeding risk is highest in the first 3 months after starting warfarin.**

Other patient-related risk factors	
Age	>65 years
Cardiac	Uncontrolled hypertension
Gastrointestinal	History of gastrointestinal haemorrhage, active peptic ulcer, hepatic insufficiency
Haematologic/ oncologic	Thrombocytopenia, platelet dysfunction, coagulation defect, underlying malignancy
Neurologic	History of stroke, or cognitive or psychological impairment
Renal	Renal insufficiency
Trauma	Recent trauma, history of falls
Alcohol	Excessive alcohol intake
Medications*	Aspirin, NSAIDs, herbal remedies that interfere with haemostasis  Antibiotics, amiodarone, anticonvulsants and some herbal medications that alter warfarin metabolism

**These risk factors can be additive.**

\*Careful monitoring of warfarin effect is critical to minimise risk in patients taking multiple medications.