

Optimal Management of Anticoagulation Therapy



What it covers

- Optimal care management of anticoagulation therapy in patients who have previously experienced a clot



Why it matters

- Anticoagulant drugs must be used with skill in order to reduce risks of bleeding and developing another clot.
- Health care providers often have to make the difficult decision to continue or stop anticoagulation therapy following a major bleeding event.



Who it affects

- Patients who have already had a blood clot and need to take anticoagulant drugs
- Pharmacists, clinicians, nurses, and health care policy makers



What are the highlights

- Managing anticoagulation therapy is complex. Patients should receive care from specialized anticoagulation management service centers versus primary care physicians whenever possible.
- Most patients needing to interrupt warfarin for invasive procedures do not require a short-acting injectable anticoagulant administered during the peri-operative period, so-called bridge therapy.
- Management of life-threatening bleeding during anticoagulant therapy requires thoughtful use of anticoagulant reversal therapies.
- Many patients who survive major bleeding during anticoagulant therapy should resume taking anticoagulants.

Total number of panel recommendations: 25

REFERENCE

Witt, D. M., Nieuwlaat, R., Clark, N. P., Ansell, J., Holbrook, A., Skov, J., Shehab, N., Mock, J., Myers, T., Dentali, F., Crowther, M. A., Agarwal, A., Bhatt, M., Khatib, R., Riva, J. J., Zhang, Y., & Guyatt, G. [American Society of Hematology 2018 guidelines for management of venous thromboembolism: optimal management of anticoagulation therapy](#). *Blood Advances*. 2:3257-3291.

For more information on the ASH Clinical Practice Guidelines on Venous Thromboembolism, visit www.hematology.org/VTEguidelines

ASH guidelines are reviewed annually by expert work groups convened by ASH. Resources derived from guidelines that require updating are removed from the ASH website.

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