

Recommended Therapeutic Range and Duration of Warfarin Therapy

Diagnosis	Target INR	Duration
Deep Vein Thrombosis (transient risk - 1 st episode) (idiopathic – 1 st episode) (recurrent VTE) (associated active malignancy)	2.0-3.0	3 months At least 6-12 months* Indefinite Until remission
Pulmonary Embolism (transient risk - 1 st episode) (idiopathic- 1 st episode) (at high risk or recurrent)	2.0-3.0	3-6 months At least 6-12 months* Indefinite
Hypercoagulable States Antiphospholipid Antibody Syndrome Antithrombin, protein C or protein S deficiency (transient risk - 1 st episode) Antithrombin, Protein C or protein S deficiency (idiopathic-1 st episode) Factor V Leiden/Prothrombin gene Mutation Heterozygous Homozygous Elevated Factor VIII activity or hyperhomocysteinemia (transient risk - 1 st episode) Elevated Factor VIII activity or hyperhomocysteinemia (idiopathic- 1 st episode)	2.0-3.0 ^g 2.0-3.0 2.0-3.0 2.0-3.0 2.0-3.0 2.0-3.0	Indefinite At least 6-12 months* Indefinite At least 6-12 months* Indefinite At least 6-12 months* Indefinite
Prosthetic Heart Valves <i>Aortic Position</i> Mechanical (Caged-ball, Caged disk) Mechanical (Starr-Edwards, Bjork-Shiley) Mechanical (St. Jude) with atrial fibrillation (AF) Mechanical (Carbomedics bileaflet, Medtronic Hall tilting disk with normal LA and sinus rhythm) Bioprosthetic <i>Mitral Position</i> Mechanical (tilting disk or bi leaflet) Bioprosthetic Mechanical valve + AF, myocardial infarction, LA enlargement, endocardial damage or low EF Mechanical valve + systemic embolism	2.5-3.5 + Aspirin ^a 2.5-3.5 or 2.0-3.0 ^b 2.0-3.0 ^c 2.5-3.5 2.0-3.0 2.0-3.0 or Aspirin ^c 2.5-3.5 ^e or 2.0-3.0 ^b 2.0-3.0 2.5-3.5 + Aspirin ^a 2.5-3.5 + Aspirin ^a	Indefinite Indefinite Indefinite Indefinite Indefinite First 3 months ^d Indefinite First 3 months ^d Indefinite Indefinite
Transient Ischemic Attacks (TIA's) Despite antiplatelet therapy	2.0-3.0	Clinical judgment
Atrial Fibrillation (AF) Chronic or intermittent Peri-Cardioversion	2.0-3.0	Indefinite 3 weeks before+ 4 weeks after ^f
Dilated Cardiomyopathy (LVEF ≤ 28%) with previous thromboembolism(TE)or AF LV thrombus	2.0-3.0	Indefinite At least 3 months
Rheumatic Mitral Valve Disease after TE event or left atrium > 5.5 cm	2.0-3.0	Indefinite
Stroke Embolic causes Non-embolic causes	2.0-3.0 ASA or clopidogrel	Indefinite Indefinite

a) Aspirin 80-100 mg/day

b) If add aspirin 80-100 mg/d to warfarin anticoagulation

c) If normal left atrial size and patient in sinus rhythm. Use of aspirin versus warfarin for the first 3 months post-op after aortic bioprosthesis implantation is a matter of clinical judgment. Whether warfarin offers superior protection from thromboembolic events remains unclear.

d) Lifelong aspirin 325mg daily should be given thereafter.

e) If at high risk or TE event, may add aspirin 80-100 mg/day

f) Adequately anticoagulate for 3 weeks prior to cardioversion and 4 weeks after return to normal sinus rhythm.

g) Higher intensity therapy may be warranted based on patient history and clinical judgment.

*Consider long-term low-intensity (INR 1.5-2.0) or standard intensity (INR 2-3) warfarin therapy for patients with idiopathic events.