

OPTIMAL THERAPEUTIC RANGE AND DURATION OF ANTICOAGULATION
(from *Antithrombotic and Thrombolytic Therapy: ACCP Evidence Based Clinical Practice Guidelines, 8th ed, 2008*)

INDICATION	TARGET INR (RANGE)	DURATION	COMMENT
ATRIAL FIBRILLATION (AF)/ATRIAL FLUTTER			
Age ≤ 75 with no risk factors	none	chronic	use aspirin 81-325mg qd alone
With 1 risk factors	2.5 (2.0 - 3.0)	chronic	or aspirin 81-325mg qd
With 2 or more risk factors	2.5 (2.0 - 3.0)	chronic	
[risk factors: age > 75; hx HTN; diabetes; CHF or moderate/severe LV dysfxn]			
With mitral stenosis or prosthetic heart valve	2.5 (2.0 - 3.0)	chronic	or higher valve-specific goal INR
With prior history of stroke/TIA/systemic embolism	2.5 (2.0 - 3.0)	chronic	
Following open heart surgery (in NSR)	2.5 (2.0 - 3.0)	4 weeks	
pre-cardioversion (Afib or flutter > 48 hours)	2.5 (2.0 - 3.0)	3 weeks	or 5 days if TEE is negative
post-cardioversion (in NSR)	2.5 (2.0 - 3.0)	4 weeks	
ISCHEMIC STROKE			
Non-cardioembolic stroke or TIA	none	chronic	use antiplatelet therapy
Cardioembolic stroke or TIA	2.5 (2.0 - 3.0)	chronic	
~ with contraindications to warfarin	none	chronic	use ASA 81-235mg qd
~ associated with aortic atherosclerotic lesions	none	chronic	use antiplatelet therapy
~ associated with mobile aortic arch thrombi	2.5 (2.0 - 3.0)	chronic	or antiplatelet therapy
~ associated with patent foramen ovale	none	chronic	use antiplatelet therapy
MYOCARDIAL INFARCTION (MI)			
following MI	2.5 (2.0 - 3.0)	up to 4 years	and aspirin 81mg qd; or INR 3-4 alone
following MI in high risk patients	2.5 (2.0 - 3.0)	at least 3 months	and aspirin 81mg qd
[anterior MI, significant heart failure, intracardiac thrombus, hx TE]			
THROMBOEMBOLISM (DVT, PE)			
	(with concurrent UFH/LMWH/fonda for at least 5 days and until INR>2 for ≥ 24 hrs) <i>(for DVT, add elastic compression stockings with 30-40mmHg at ankle for 2 years)</i>		
treatment/prevention of recurrence (including calf vein DVT, UE DVT, UE DVT associated with catheter use, and asymptomatic DVT/PE)			
• transient risk factors	2.5 (2.0 - 3.0)	3 months	
• unprovoked/first event			
~ proximal DVT or PE	2.5 (2.0 - 3.0)	chronic	
~ distal DVT	2.5 (2.0 - 3.0)	3 months	consider chronic therapy
• unprovoked/second event	2.5 (2.0 - 3.0)	chronic	
• with malignancy	2.5 (2.0 - 3.0)	chronic	preceded by LMWH x 3-6 mo
chronic thromboembolic pulmonary hypertension	2.5 (2.0 - 3.0)	chronic	
cerebral venous sinus thrombosis	2.5 (2.0 - 3.0)	up to 12 months	
spontaneous superficial vein thrombosis	2.5 (2.0 - 3.0)	4 weeks	or prophylactic LMWH x 4 weeks
VALVULAR DISEASE			
mitral valve prolapse			
• with TIAs or ischemic stroke	none	chronic	use aspirin 81mg qd
• with recurrent TIA despite ASA therapy	2.5 (2.0 - 3.0)	chronic	
Mitral annular calcification with AF	2.5 (2.0 - 3.0)	chronic	
rheumatic mitral valve disease:			
• with AF, hx systemic emb, LA thrombus, LA>55mm	2.5 (2.0 - 3.0)	chronic	chronic
• s/p thromboembolic event despite anticoagulation	2.5 (2.0-3.0)	chronic	add aspirin 81mg qd or INR 2.5-3.5
VALVE REPLACEMENT – BIOPROSTHETIC			
aortic	none	chronic	aspirin 81 mg qd alone
mitral	2.5 (2.0 - 3.0)	3 months	followed by aspirin 81mg qd
with LA thrombus	2.5 [2.0 - 3.0]	until resolution	
with prior history systemic embolism	2.5 [2.0 - 3.0]	at least 3 months	
with additional risk factors for thromboembolism	2.5 [2.0 - 3.0]	chronic	add aspirin 81mg qd if low bleed risk
[AF, hypercoagulable condition, low EF]			
VALVE REPLACEMENT - MECHANICAL			
aortic			
• bileaflet in NSR w/ nl LA size	2.5 (2.0 - 3.0)	chronic	
• Medtronic Hall tilting disk in NSR w/ nl LA size	2.5 (2.0 - 3.0)	chronic	
• following prosthetic valve thrombosis	3.5 (3.0 - 4.0)	chronic	plus aspirin 81mg qd
mitral			
• bileaflet or tilting disk	3.0 (2.5 - 3.5)	chronic	
• following prosthetic valve thrombosis	4.0 (3.5 - 4.5)	chronic	plus aspirin 81mg qd
caged ball or caged disk (aortic or mitral)	3.0 (2.5 - 3.5)	chronic	
with additional risk factors for thromboembolism	3.0 (2.5 - 3.5)	chronic	add aspirin 81mg qd if low bleed risk
[AF, MI, LA enlargement, hypercoagulable condition, low EF]			
with systemic embolism despite adequate anticoagulation	increase INR goal	chronic	or add aspirin 81mg qd