

Acenocoumarol (AMBER): Background information

Acenocoumarol is a vitamin K antagonist and works in a similar way to warfarin. Acenocoumarol should only be prescribed on the advice of a specialist in patients intolerant to warfarin and who cannot be anticoagulated with an alternative oral anticoagulant (e.g. a direct oral anticoagulant). Acenocoumarol has a similar chemical structure and mechanism of action to warfarin, so patients who are intolerant to warfarin may possibly react similarly to acenocoumarol.

Dosing and Monitoring

Acenocoumarol is available as 1mg tablets. Dose is dependent on INR result as with warfarin. INR dosing systems such as INR Star and DAWN may not be configured to acenocoumarol and dosing may need to be done manually. Dosing should be done by a GP or other senior healthcare professional with experience of dosing warfarin. INR targets for acenocoumarol are the same as with warfarin and should be recommended by the relevant specialist.

Typical loading regime for new patients: 6mg on Day 1, then 4mg on Day 2 then check INR and amend dose as needed. INR should be checked every 3-4 days initially until stable. In patients who have previously been on warfarin and only required a low dose of warfarin or if other risk factors for bleeding consider using a lower loading dose of 4mg on Day 1.

Please note that patients taking acenocoumarol may be more sensitive to dose changes compared to patients taking warfarin. Advice regarding interactions with food or medicines and advice on risk of bleeding are the same as with warfarin.

When converting from warfarin or phenindione, local specialists suggest

- Acenocoumarol 1mg is equivalent to warfarin 1.5mg to 2mg
- Phenindione 50mg is equivalent to warfarin 3mg

Also see Appendix 1.

Contact details

Advice can be sought from relevant anticoagulation team at local Trust if needed:

- **GWH, Swindon:** 01793 604344 gwh.anticoag.clinic@nhs.net or sarah.bond6@nhs.net
- **RUH, Bath:** Nathan.hutchinson-jones@nhs.net or ruh-tr.AnticoagulationTeam@nhs.net or via Cinapsis
- **SFT, Salisbury:** 01722 429006 or nicolamcquaid@nhs.net

Appendix 1

Local specialist teams may refer to the following table when converting from warfarin or phenindione:

SWITCHING THERAPY

Acenocoumarol 1mg is equivalent to warfarin 1.5 to 2mg

Phenindione 50mg is equivalent to warfarin 3mg

Dosage conversion table

Approximate dosage conversions		
Phenindione dose	Acenocoumarol dose	Warfarin dose
20mg	0.5mg	1mg
35mg	1.0mg	2mg
50mg	1.5mg	3mg
70mg	2.0mg	4mg
80mg	2.5mg	5mg
100mg	3.0mg	6mg
120mg	3.5mg	7mg
135mg	4.0mg	8mg
150mg	4.5mg	9mg
170mg	5.0mg	10mg

The risk of potential adherence problems or confusion would need to be taken into account when switching therapies (e.g. elderly, cognitively impaired, language problems) and every effort should thus be made to ensure that the dosing regimen is as simple as possible.

Reference

Guys and St. Thomas' Hospital NHS Foundation Trust. Patient Group Direction (PGD) for the supply/administration of anticoagulation treatments and reversal by nurse and pharmacist anticoagulation practitioners to patients presenting with venous thromboembolism (VTE) or for VTE prevention in anticoagulation outpatient clinics within the trust. Date of authorisation Oct 2009.