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**STUDY ON PREVENTION OF EMBOLISM IN
NONVALVULAR ATRIAL FIBRILLATION**

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Wang Yue-Xi, Zhang Ying-Jun. *The Department of Cardiology, 1th Hospital Affiliated to Inner Mongolian Medical University, Huhhot, 010059*

Objectives To study Warfarin and appropriate INR in order to prevent thromboembolism of non-valves cardiac disease.

Methods Patients of non-valves cardiac disease were divided into Warfarin group (treatment group 57) and Aspirin group (control group 85). Patients of treatment group were dispensed by Warfarin, the

dosage was 2.5–3.0 mg/d and the range of dosage was 1.5–4.0 mg/d. Then detect the value of INR every other day; and 1 month later, INR was detected every month after INR was inclined to be stable. According to the value of INR, we adjusted the dosage of Warfarin in order to keep the INR between 1.6 and 2.5. Meanwhile, patients of control group were given Aspirin orally at dining, the dosage was 100 mg/d. Clinical prognosis of the both groups such as thromboembolism and haemorrhage were followed up.

Results 2 cases were found thromboembolism in Warfarin group while 8 cases in Aspirin group, there was significant difference ($p<0.05$). And 5 cases were found haemorrhage in Warfarin group while 6 in Aspirin group, there was no significant difference ($p>0.05$).

Conclusions It is safe and effective when using Warfarin to prevent thromboembolism of non-valves cardiac disease, on condition that the value of INR is kept between 1.6 and 2.5.