Case Studies

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Case study 1 – Mdm T

- Female, 70
- Chronic atrial fibrillation with \( \text{CHA}_2\text{DS}_2\text{VASc} \) of 6
- Hypertension, diabetes mellitus, previous TIA
- Current medications – atenolol, metformin, warfarin
‘My daughter has bought this supplement for me. She says it is very good. Will make me feel younger. But not cheap... Can I take it?’
• Should we say ‘no’ to him?
Case study 2 – Mr K

- Male, 60
- Mechanical mitral valve replacement for chronic rheumatic heart disease, on long-term anticoagulation with warfarin
- Admitted for community acquired pneumonia
- During morning rounds, after reviewing x-ray, consultant says
‘Start him on a macrolide...’
Case study 3 – Mr S

- Male, 59
- Recurrent proximal deep vein thrombosis of the left lower limb, on long term warfarin
- Admitted now for cough and weight loss
- Sputum AFB positive - pulmonary TB
- Commencing anti-TB with rifampicin, isoniazid, pyrazinamide and ethambutol
Dear colleague,
Please be informed that this gentleman has recently been diagnosed with PTB and has been started on EHRZ – will be on it for at least 6 months.

Thank you for managing his anticoagulation therapy and good luck!
• Isoniazid – potentiates warfarin effect
• Rifampicin – inhibits warfarin effect

• Should we pre-emptively adjust the dose?