



Patients who self-tested their INR were in therapeutic range for more time than patients who tested their INR in a lab or clinic.¹

1. Beyth RJ, et al. "A multicomponent intervention to prevent major bleeding complications in older patients receiving warfarin." *J Am Geriatr Soc*. 2000; 48:687-695.
2. Budnits, et al. "Emergency Hospitalization for Adverse Drug Events in Older Americans." *New England Journal of Medicine*. 2011;365:2001-12.
3. Hengen, C, et al. *Lancet*. 2006; 367:404-11.
4. Hengen, C, et al. "Self-monitoring of oral anticoagulation: a systematic review and meta-analysis." *Lancet*. 2006; 367:404-11.
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mdINR

**Total Coumadin®
Patient Management**

OUTSIDE

Clinical benefits of self-testing

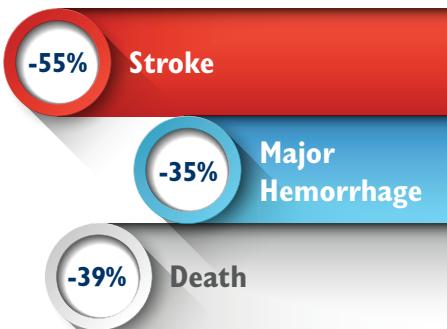
- Helps maintain patients in therapeutic range, which may reduce the potential for drug-related complications and emergency room visits
- A reduction in drug-related complications may have a positive impact on anti-coagulation healthcare costs
- Proven reduction in occurrence of stroke and hemorrhagic event
- Provides timely alert to clinicians when patients are out of range
- Improved self-management of antithrombotic drugs, most notably Coumadin/warfarin, has the potential to reduce hospitalizations for adverse drug events in older adults.²

mdINR

Proven effects of weekly self-testing

- Older patients experience more time in therapeutic range with weekly testing
- Weekly testers experience significantly fewer critical values
- Weekly testers are less likely to fall significantly out of range
- Patients 75 years and older are in therapeutic range more frequently with weekly self-testing than traditional care at an anticoagulation clinic

Weekly self-testing can improve patient outcomes³



Lowered risk – an analysis of studies on patient self-testing (PST) revealed that patients capable of self-monitoring their warfarin therapy could benefit from a one-third reduction in death from all causes.⁴

INSIDE