

Letters to the Editor

Warfarin and beetroot

Aust Prescr 2016;39:32
<http://dx.doi.org/10.18773/austprescr.2016.017>


The recent Letter to the Editor about warfarin and beetroot by Louise Vanpraag and the response from Philip Tideman and colleagues¹ both miss the point about warfarin and beetroot. It is commonplace for those eating beetroot to have red urine (beeturia) or red faeces, or both, and such symptoms in those taking warfarin can be worrying. On many occasions, warfarin dosage has been adjusted unnecessarily and there have been many unnecessary urinary and bowel investigations. The beetroot-induced symptoms are of no importance and of course can occur in anyone eating beetroot.

John Raven
Clinical haematologist
Consultant physician
Bunbury, Qld

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Philip A Tideman, Rosy Tirimacco, Andrew St John and Gregory W Roberts, the authors of the article, comment:

 This is an excellent point, and any counselling regarding the signs of bleeding should include alerting the patient to the possibility of red or pink urine or faeces after eating beetroot. Likewise, clinicians should enquire about beetroot consumption for any patient presenting with pink or red urine or faeces.

Warfarin, St John's wort and INR

Aust Prescr 2016;39:32-3
<http://dx.doi.org/10.18773/austprescr.2016.025>

In regards to the article on the management of warfarin therapy,¹ the statement on page 46 'drugs that may increase INR – macrolide antibiotics, imidazole antifungals, sulfamethoxazole/trimethoprim, amiodarone, statins, some non-steroidal anti-inflammatory drugs and some complementary medicines such as St John's wort' may not be correct.


In the literature, St John's wort *decreases* the INR through induction of cytochrome P450 (CYP)-mediated metabolism of warfarin and increases warfarin clearance.²⁻⁹

Angela Cattanach
Siboniso Sibindi
Clinical pharmacists
Lismore Base Hospital
Lismore, NSW

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Gregory Roberts, one of the authors of the article, comments:

 Thank you for pointing out the error in the article.¹ St John's wort induces CYP enzymes with a resultant increase in warfarin clearance and decrease in INR, not a possible increase in INR as described in the article. Decreases of 20% in AUC (area under the curve) have been noted in single warfarin dose studies,² so while prudent INR monitoring should be undertaken, the interaction is likely to be of clinically minor importance.

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