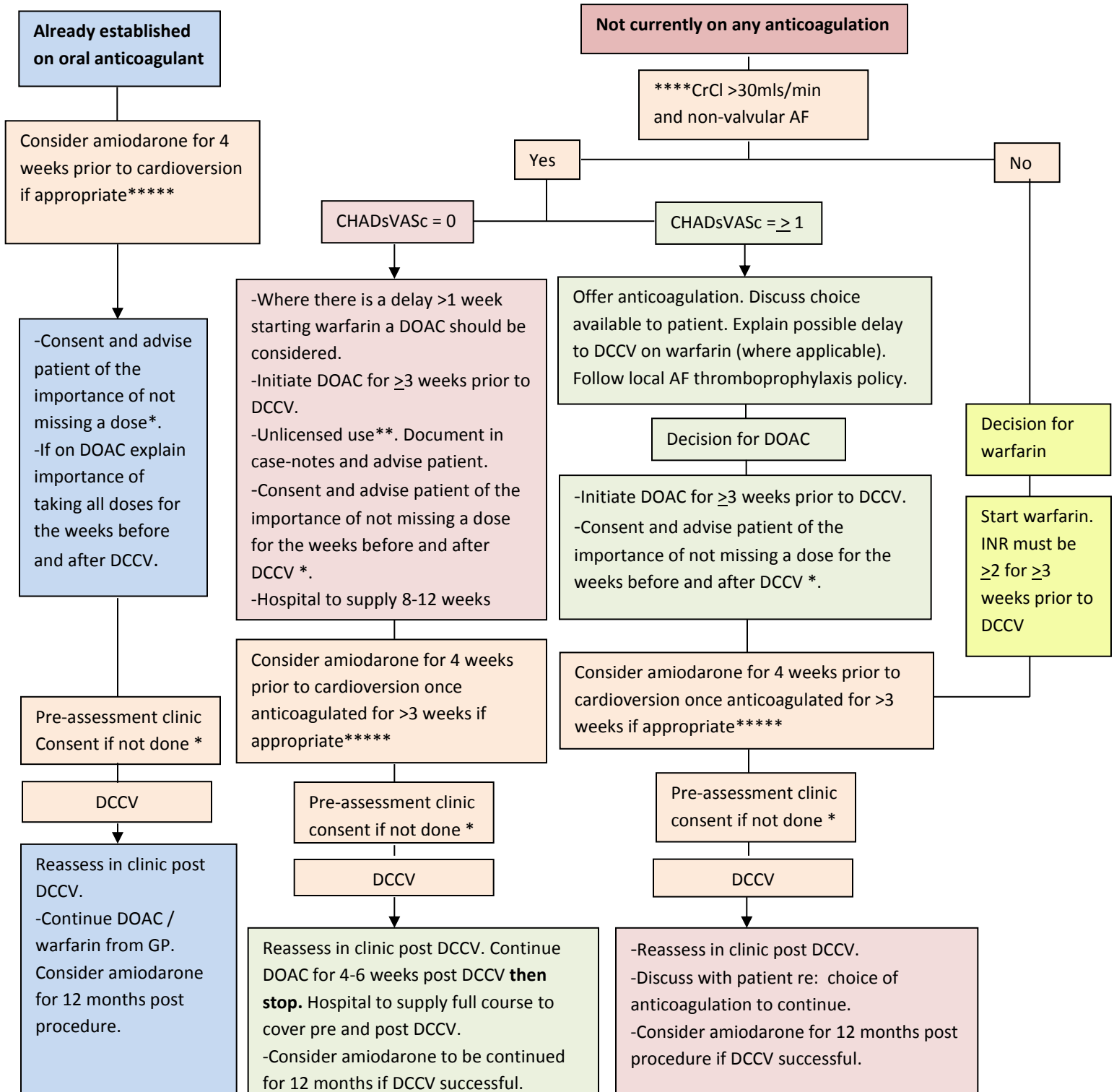
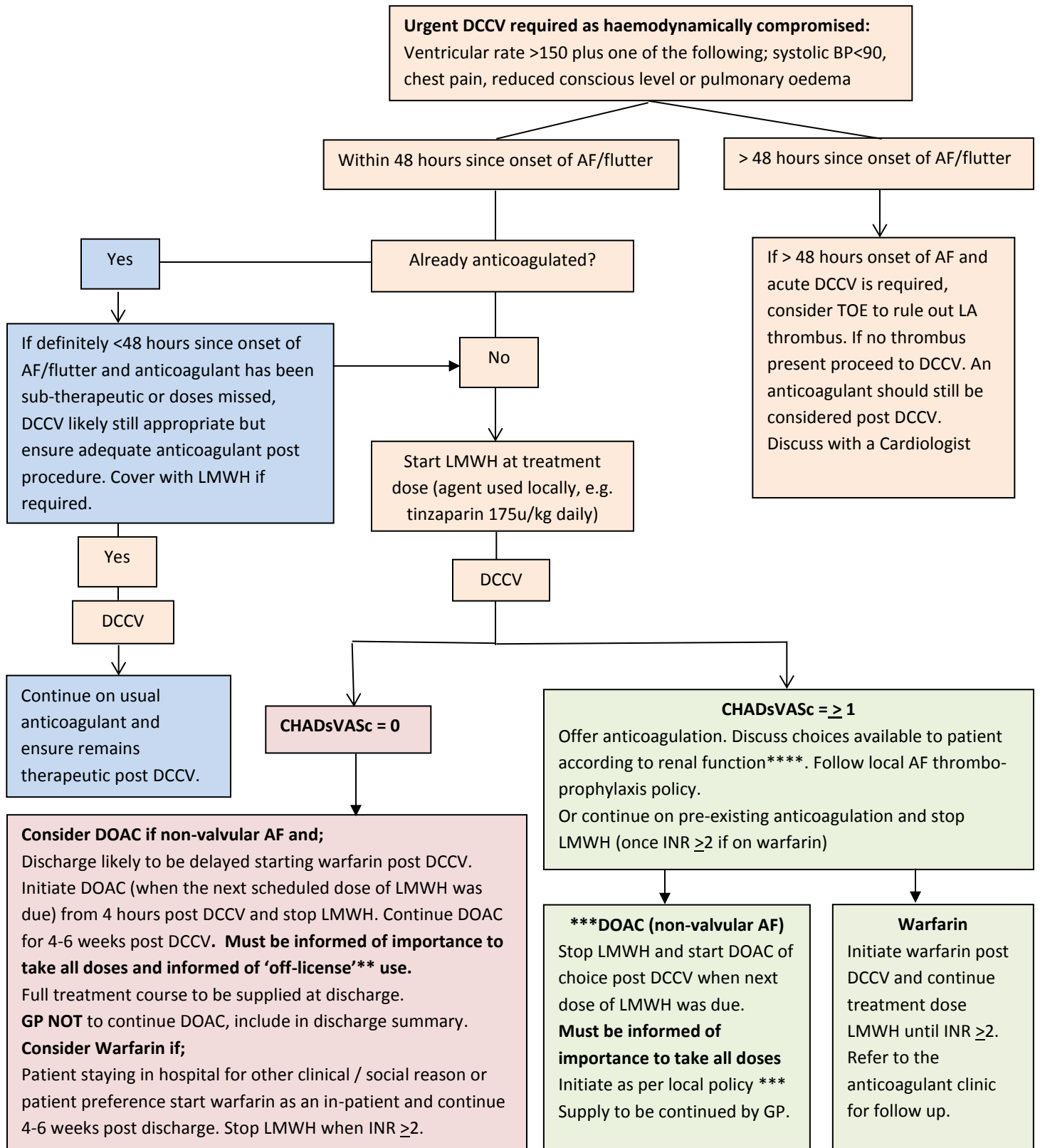


## Planned DCCV in Clinic as Elective Out-Patient with Atrial Fibrillation/Flutter



## Urgent DCCV of Non- Valvular Atrial Fibrillation/Flutter



**Table 1: CHA<sub>2</sub>DS<sub>2</sub>-VASc score and stroke rate**

Risk factor	Score
Congestive heart failure/LV dysfunction	1
Hypertension	1
Age >75	2
Diabetes mellitus	1
Stroke/TIA/thrombo-embolism	2
Vascular disease	1
Age 65–74	1
Sex category (i.e. female sex)	1
<b>Maximum score</b>	<b>9</b>

CHA <sub>2</sub> DS <sub>2</sub> VASc score	Adjusted stroke rate (%/year)
0	0%
1	1.3%
2	2.2%
3	3.2%
4	4.0%
5	6.7%
6	9.8%
7	9.6%
8	6.7%
9	15.2%

**Amiodarone\*\*\*\*\***

Baseline CXR, TFTs and LFT's before initiation. Start loading dose as per local policy then continue on maintenance dose. If on concurrent warfarin, amiodarone can increase INR's and dabigatran levels and requires close monitoring.

**Definitions:**

**Valvular atrial fibrillation** is defined as mod-severe mitral stenosis and prosthetic heart valves.

**DOAC** = Direct-acting oral anticoagulant/non VKA anticoagulant e.g. apixaban, Rivaroxaban, dabigatran and edoxaban

**DCCV** = direct current cardioversion

**AF** = atrial fibrillation

**VKA** = vitamin K antagonist

**TEE** = transesophageal echocardiogram

**Unlicensed use of DOAC\*\*:**

-Apixaban, rivaroxaban, dabigatran and edoxaban are not licensed for patients with a CHADSVASc of 0 and those who do not meet the licensed criteria. Inform the patient of unlicensed use and document in the notes.

- Only rivaroxaban has evidence for patients with a CHADSVASc of 0 in DCCV.

- Rivaroxaban and edoxaban are licensed to be initiated and continuation for cardioversion.

- DOACs are not licensed in atrial flutter but patients were included in the original trials

**General Advice\*\*\*:**

**Rivaroxaban** and **edoxaban** are licensed to be **initiated** or continued in non-valvular AF patients who may require DCCV.

**Apixaban** and **dabigatran** are licensed to be continued if they are **already established** in non-valvular AF prior to DCCV.

**All patients** considered for a DOAC must have interactions (see appendix), clotting and renal function checked prior to initiation.

**Possible delay in DCCV where a DOAC should be considered includes:**

- expected or known difficulty in maintaining a therapeutic INR (interacting medication/blister pack).

- local warfarin service unable to initiate promptly.

**Rivaroxaban** and **edoxaban** may be initiated prior to TEE guided DCCV in patients not previously anticoagulated. Rivaroxaban must be started at least 4 hours before and edoxaban 2 hours before DCCV to ensure adequate anticoagulation.

Refer to individual SPC's for information on interactions.

**Missed Doses of DOAC\*:**

If 1 or more doses are missed in the 3 weeks prior to DCCV consider TOE guided DCCV or reschedule to a later date.

**Renal Function\*\*\*\*:**

**Dabigatran** is contraindicated if CrCl <30mls/min. Consider an **alternative DOAC** if CrCl <50mls/min.

Apixaban, Rivaroxaban and edoxaban are licensed in patients with a CrCl=>15mls/min in non-valvular AF, however, evidence in DCCV in this population is limited.

References: NICE clinical guideline 180; 2014. Atrial Fibrillation, ESC Guidelines for the management of atrial fibrillation; 2010. NICE TA249, Atrial fibrillation–Dabigatran etexilate; March 2012. NICE TA256, Atrial Fibrillation (Stroke prevention)–Rivaroxaban; May2012, Stroke Prevention in Atrial Fibrillation - Apixaban TA 275 Feb 2013.Cappato et al. Rivaroxaban vs. vitamin K antagonists for cardioversion in atrial fibrillation. DOI: <http://dx.doi.org/10.1093/eurheartj/ehu367> First published online: September 2014. SPC for Eliquis, Pradaxa and Xarelto access Jan 2015, SPC for Lixiana accessed 2/8/