ATRIAL FIBRILLATION GUIDANCE 1



Decision Guide

Use opportunistic pulse-checking in the over-65s to identify
Atrial Fibrillation (AF)



Assess stroke risk using CHA₂DS₂VASc score

CHA₂DS₂VASc score

CHA₂DS₂VASc score

0



HAS-BLED

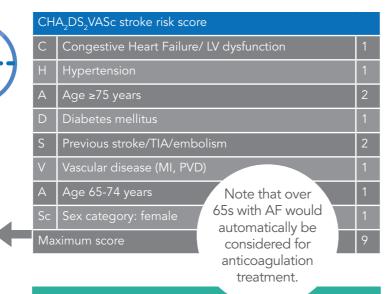
HAS-BLED

≥3

Reduce bleeding risk by addressing any modifiable factors such as alcohol and/or BP reduction, concomitant medications



Recommend anticoagulation with warfarin, or a NOAC (dabigatran, rivaroxaban, apixaban or edoxaban)



Truly low risk - no antithrombotic treatment. Review this decision annually



HAS-BLED bleeding risk score		
Н	Hypertension (SBP>160)	1
А	Abnormal renal or liver function (1 point each)	1 or 2
S	Previous Stroke	1
В	Bleeding history	1
L	Labile INRs (TTR <65%)	1
Е	Elderly (aged >65)	1
D	Drugs (aspirin, NSAIDs) or alcohol abuse (1 point each)	1 or 2
Maximum score		9

At almost any level of HAS-BLED score, the benefits of anti-coagulation still outweigh the risks



BUT if absolute contraindication to anticoagulation and/or unmodifiable high bleeding risk: No antithrombotic treatment

Medication options

<u>Prescribe Warfarin for</u> patients with AF who:

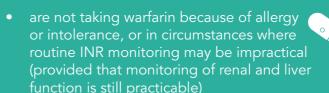


- are currently well controlled on warfarin
- have never taken an anticoagulant (after discussing risks and benefits with the patient)
- are at risk of drug interactions with a non-vitamin K oral anticoagulant (NOAC)
- have a creatinine clearance (eGFR) <30 ml/min/1.73m²



Prescribe a NOAC for patients with AF who:





- are currently taking warfarin but, despite evidence of good compliance with medication and monitoring, have poor anticoagulant control
- are at risk of drug interactions with warfarin
- have never taken an anticoagulant (after discussing risks and benefits with the patient)







Dabigatran

Rivaroxaban

Apixaban

Edoxabar

See accompanying guidance for full information on all medication options.

For some patients who could safely take aspirin long-term, referral for a Left Atrial Appendage Occlusion device is appropriate.

<u>Important notes</u>



Atrial fibrillation and stroke



Prescribing anticoagulants for patients with AF is an effective and low risk method of reducing the likelihood of stroke.

65 and over?

CHA₂DS₂VASc shows that all patients with AF over the age of 65 should be considered for anticoagulant treatment.



Risk of harm

At almost any level of HASBLED, the benefits of anticoagulation outweigh the risks. Warfarin has an NNT of 25 and an NNH of 53 - NNH for death or lasting disability is >200.

Falls and anticoagulants

The risks associated with bleeding after a fall are low enough to virtually never outweigh the benefit to the patient from stroke prevention.

NICE Recommendations

NICE regards the NOACs as equivalent options to warfarin for anticoagulation in non-valvular AF.

Aspirin is not effective in AF

Aspirin is no longer recommended for stroke prevention in people with AF, and should not be prescribed unless there is another indication for its use.