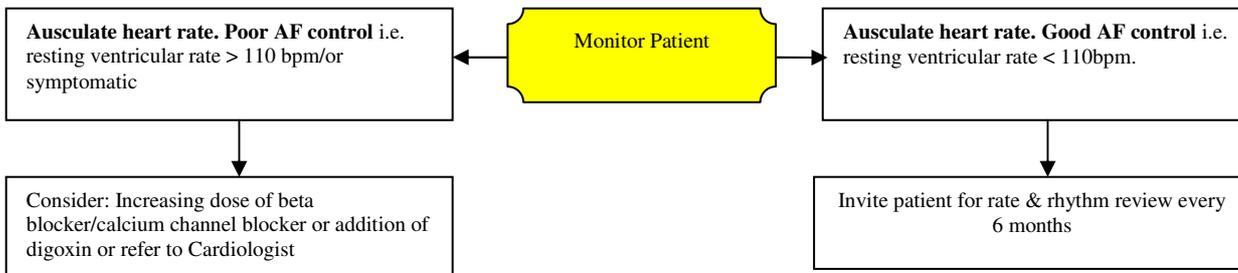


\*Active and otherwise healthy adults with no co-morbidities (age 65-70) Consider referral to Cardiologist for rhythm control

## Routine /Ongoing Care



References: Camm J, Lip Y.H. G, De Caterina R, Saveliva I, Atar D and ECS taskforce members. 2012 focused update of the ESC Guidelines for the management of Atrial Fibrillation

Camm J, Kirchhof P, Lip Y.H. G, Schotten U, Saveliva I and ESC taskforce members. Guidelines for the Management of Atrial Fibrillation. The Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC). 2010.

**Patient**

CHA <sub>2</sub> DS <sub>2</sub> VASc Score		
C	Congestive heart failure/LV dysfunction	1
H	Hypertension	1
A <sub>2</sub>	Age ≥75 years	2
D	Diabetes mellitus	1
S <sub>2</sub>	Prior stroke or TIA or thromboembolism	2
V	Vascular disease <sup>a</sup>	1
A	Age 65-74	1
Sc	Sex category (i.e. female)	1
	Maximum score	9

<sup>a</sup>Prior Myocardial infarction or peripheral arterial disease

Approach to Thromboprophylaxis in Atrial Fibrillation		
Risk category	CHA <sub>2</sub> DS <sub>2</sub> -VASc Score	Recommended antithrombotic therapy
One 'major risk' factor or ≥2 'clinically relevant non-major' risk factors	≥2	OAC
One 'clinically relevant non-major' risk factor	1	Either OAC or aspirin 75-325mg daily. Preferred: OAC rather than aspirin
No risk factors	0	Either aspirin 75-325mg daily or no antithrombotic therapy. Preferred: no antithrombotic therapy rather than aspirin

1. CHA<sub>2</sub>DS<sub>2</sub>-VASc = cardiac failure, hypertension, age ≥75 (doubled), diabetes, stroke (doubled) – vascular disease, age 65-74 and sex category (female); INR= international normalized ratio; OAC = oral anticoagulation, such as vitamin K antagonist (VKA) adjusted to an intensity range of INR 2.0-3.0 (target 2.5)

2. Female gender only applies as an additional factor to patients > 65 years

3. In patients with renal failure or prosthetic heart valves, warfarin should be used and not NOACs

HAS-BLED Bleeding Risk Score		
H	Congestive heart failure/LV dysfunction	1
A	Abnormal renal and liver function	1 or 2
S	Stroke	1
B	Bleeding	1
L	Labile INRs <sup>a</sup>	1
E	Elderly (age ≥65 years)	1
D	Drugs or alcohol (1 point each)	1 or 2
	Maximum score	9

<sup>a</sup>International normalised ratios

1. If warfarin therapy is being considered for a patient risk factors for bleeding include a history of unstable INR's, liver or kidney disease, alcohol excess, bleeding, or hypertension – it is important for blood pressure to be controlled with a target mean systolic measurement of <130mmHg.

2. HASBLED was derived primarily from warfarin data rather than NOACs