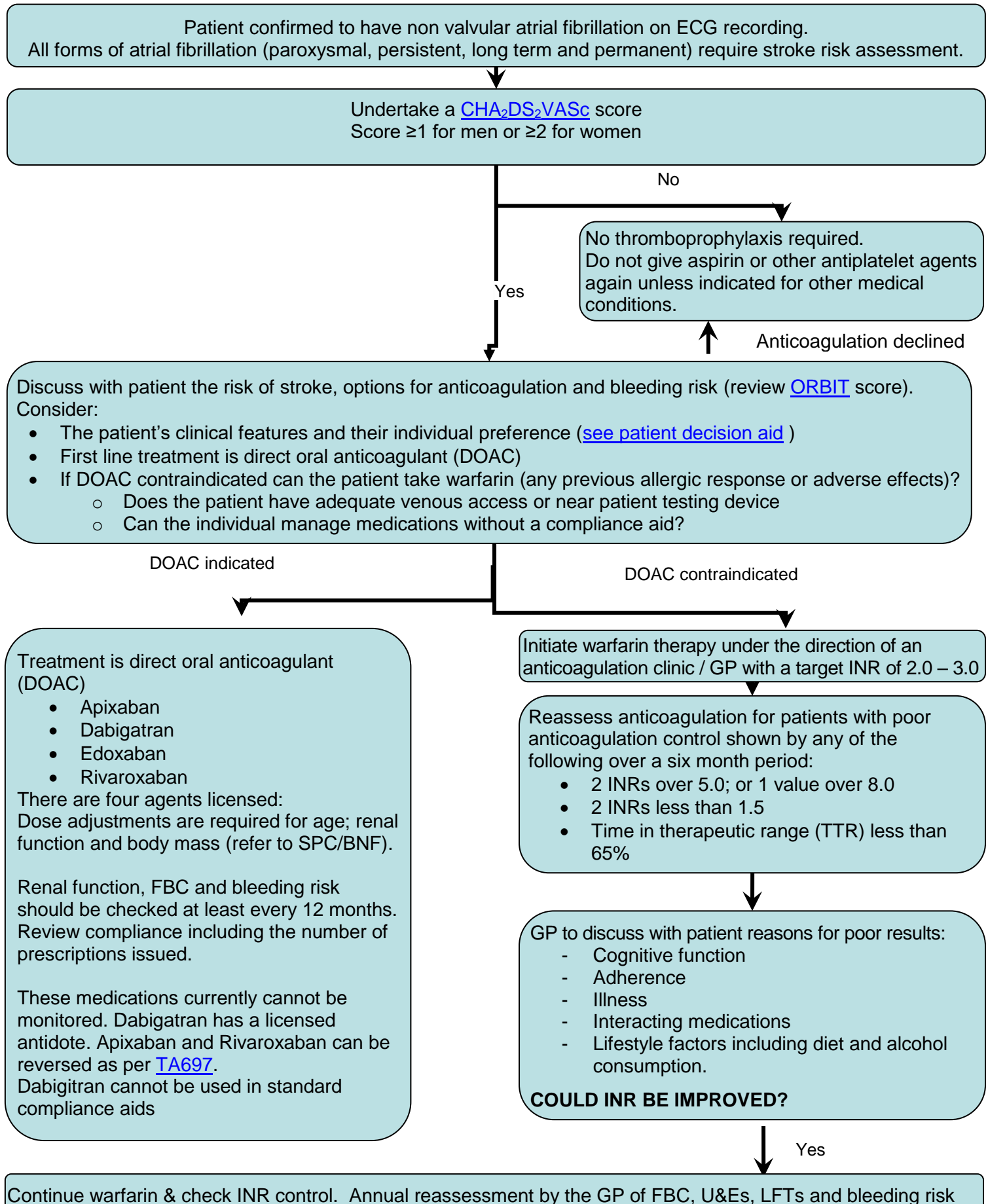


Anticoagulation choices in non valvular AF

NICE Atrial Fibrillation Guidelines NG196 April 2021



Updated recommendations:

- Do not offer aspirin monotherapy solely for stroke prevention to people with AF. Use the [CHA₂DS₂-VASc](#) stroke risk score & offer anticoagulation to people with score of Score ≥ 1 for men or ≥ 2 for women taking into account the bleeding risk using the [ORBIT score](#).
- Patients should be offered a choice of DOAC anticoagulants (apixaban, rivaroxaban dabigatran, edoxaban) as first line therapy as per NICE; treatment should be based on their clinical features and preferences. If patient declines DOAC or is contraindicated to DOAC a warfarin can be offered. [Anticoagulation Patient decision aid](#), adapted from Vale of York CCG document, may be used to assist with this process
- For patients already on warfarin and who are stable, continue with their current medication and discuss the option of switching treatment to DOAC at their next routine appointment, taking into account the person's time in therapeutic range
- For patients on warfarin assess INR control at each visit. Reassess anticoagulation for a person with poor anticoagulation control shown by the following:
 - 2 INR values over 5.0 or 1 INR value higher than 8 within the past 6 months
 - 2 INR values less than 1.5 within the past 6 months
 - Time in therapeutic range (TTR) less than 65% within the past 6 months excluding measurements taken during the first six weeks.
- When reassessing anticoagulation take into account and address the following factors
 - Cognitive function
 - Adherence to prescribed therapy
 - Illness
 - Interacting drug therapy
 - Lifestyle factors including diet & alcohol consumption
- For people who are taking an anticoagulant, review the need for anticoagulation and the quality of anticoagulation **at least annually**, or more frequently if clinically relevant events occur affecting anticoagulation or bleeding risk.
- For people who are not taking an anticoagulant because of bleeding risk or other factors, review stroke and bleeding risks annually, and ensure that all reviews and decisions are documented
- Do not withhold anticoagulation solely because of a person's age or their risk of falls

CHA₂DS₂-VASc score		ORBIT score
CHF / LVEF < 40%	+1 point	Males with haemoglobin <130 g/L or hematocrit <40%. +2
History of Hypertension	+1 point	or
Age ≥ 75	+ 2 points	Females with haemoglobin <120 g/L or hematocrit <36%. +2
Age = 64 – 74 years	+ 1 point	History of bleeding +2
Diabetes	+ 1 point	Age ≥ 74 years +1
History of Stroke / TIA /		eGFR < 60 mL/min/1.73m ² +1
Thromboembolism	+ 2 points	Treated with antiplatelets +1
History of vascular disease	+ 1 point	
Gender = female	+ 1 point	