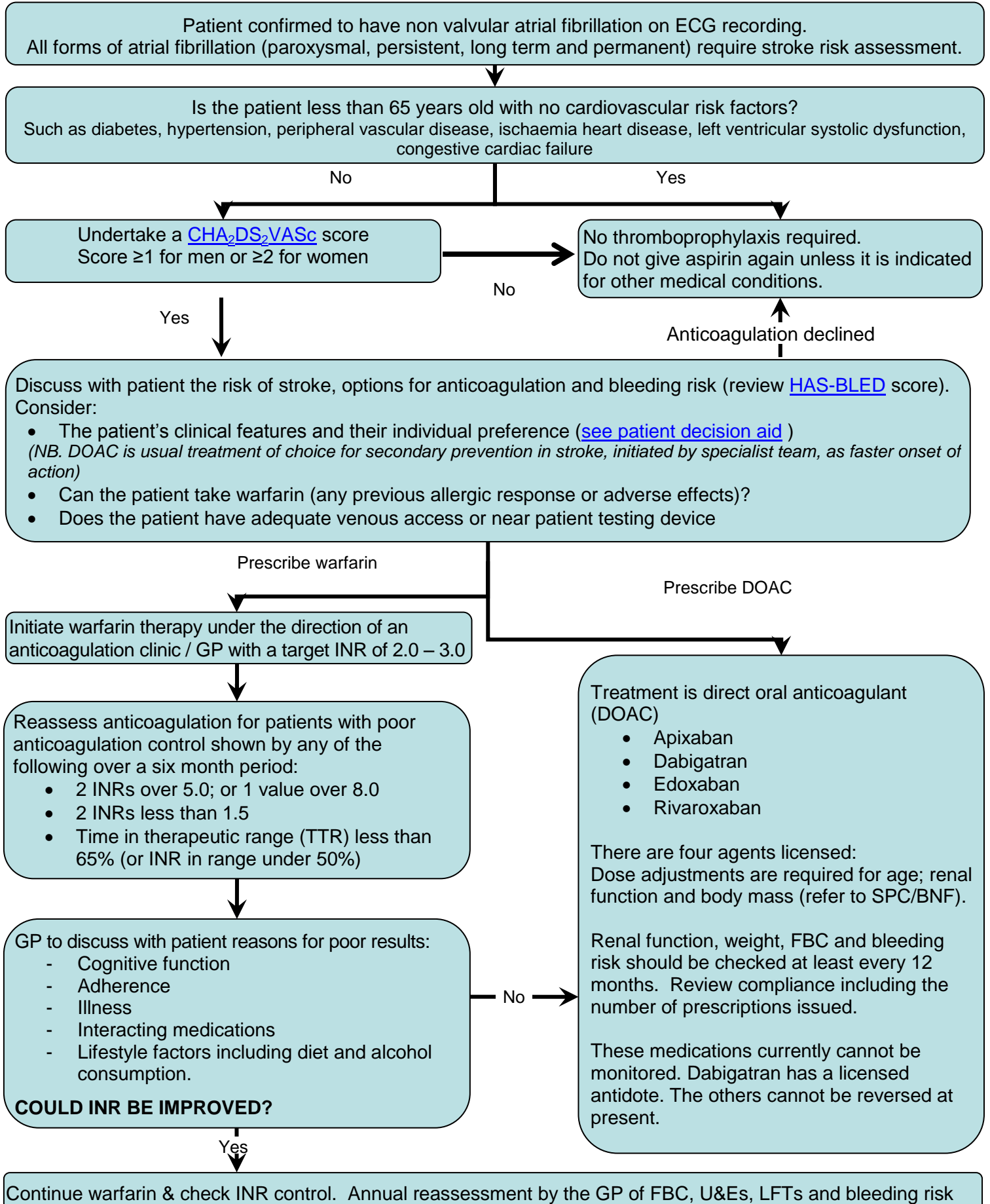


## Anticoagulation choices in non valvular AF NICE Atrial Fibrillation Guidelines CG180: June 2014



**Updated recommendations:**

- Do not offer aspirin monotherapy solely for stroke prevention to people with AF.
- Use the [CHA<sub>2</sub>DS<sub>2</sub>-VASc](#) stroke risk score & offer anticoagulation to people with score of 2 or above taking into account the bleeding risk using the [HAS-BLED score](#).
- Patients should be offered a choice of all anticoagulants (warfarin, apixaban, rivaroxaban dabigatran, edoxaban); treatment should be based on their clinical features and preferences. Anticoagulation Patient decision aid, adapted from Vale of York CCG document, may be used to assist with this process
- 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

<a href="#">CHA<sub>2</sub>DS<sub>2</sub>-VASc score</a>		<a href="#">HAS-BLED score</a>	
CHF / LVEF < 40%	+1 point	Hypertension	+ 1 point
History of Hypertension	+1 point	Abnormal renal function	+ 1 point
Age ≥75	+ 2 points	Abnormal liver function	+ 1 point
Age = 64 – 74 years	+ 1 point	Age ≥65 years	+ 1 point
Diabetes	+ 1 point	History of stroke	+ 1 point
History of Stroke / TIA /		Bleeding (history or pre-disposition)	+ 1 point
Thromboembolism	+ 2 points	Labile INR	+ 1 point
History of vascular disease	+ 1 point	Medicines use with bleeding risk	+ 1 point
Gender = female	+ 1 point	Alcohol or drug use	+ 1 point