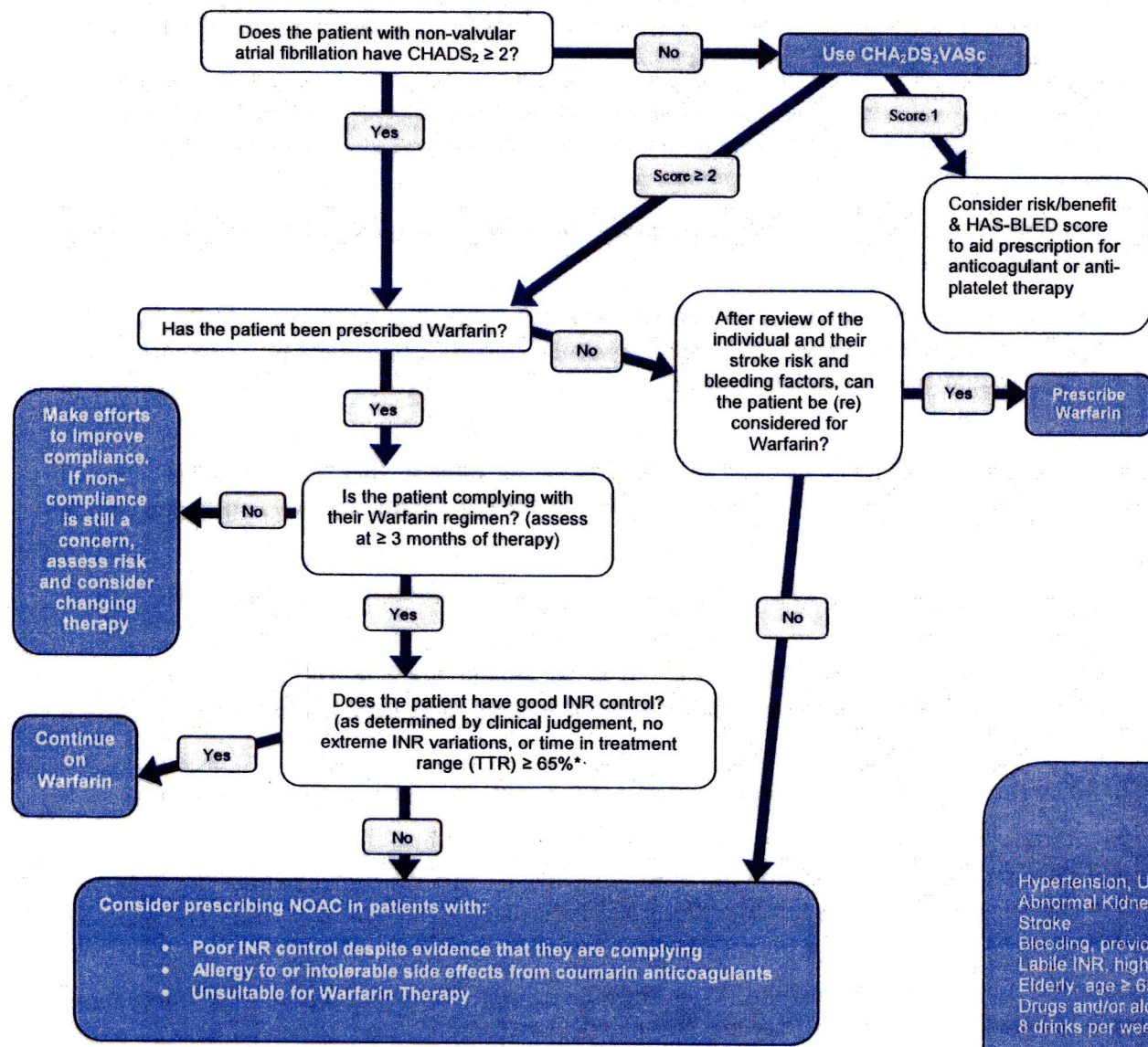


On balance of risks and benefits, Warfarin should be considered for moderate or high risk atrial fibrillation patients (CHADS₂ ≥ 2)



CHADS₂ Score

| | |
|--------------------------|---|
| Congestive Heart failure | 1 |
| Hypertension | 1 |
| Age ≥ 75 | 1 |
| Diabetes | 1 |
| Previous Stroke or TIA | 2 |

Consider anticoagulation if ≥ 2

Use CHA₂DS₂VASc assessment tool if < 2

Annual Stroke Risk vs CHADS₂ Score

| | |
|---|-------|
| 0 | 1.9% |
| 1 | 2.8% |
| 2 | 4.0% |
| 3 | 5.9% |
| 4 | 8.5% |
| 5 | 12.5% |
| 6 | 18.2% |

CHA₂DS₂VASc Score

| | |
|---|---|
| Congestive Heart Failure/ LVD | 1 |
| Hypertension | 1 |
| Age ≥ 75 years | 2 |
| Diabetes mellitus | 1 |
| Stroke/TIA/TE | 2 |
| Vascular disease (MI, PAD or aortic plaque) | 1 |
| Age between 65 and 74 years | 1 |
| Sc - Sex category - Female | 1 |

Score of ≥ 2 anticoagulation therapy

Score of 1 consider risk/benefit and HAS-BLED score to aid decision for anticoagulation or antiplatelet therapy

HAS-BLED Score

| | | | |
|--|----------|-------|---------------|
| Hypertension, Uncontrolled Sys >160mmHg | 1pt | score | Annual Risk % |
| Abnormal Kidney (Cr > 200) and/or liver function | 1pt each | | |
| Stroke | 1pt | 0 | 1.1 |
| Bleeding, previous history, anaemia or predisposition | 1pt | 1 | 1.0 |
| Labile INR, high INR or poor time in Therapeutic range | 1pt | 2 | 1.9 |
| Elderly, age ≥ 65yrs | 1pt | 3 | 3.7 |
| Drugs and/or alcohol, antiplatelets, more than 8 drinks per week | 1pt each | 4 | 8.7 |
| | | 5 | 12.5 |

A score of 3 or more is not a contraindication to oral anticoagulation but these patients require extra care.

(*Connolly et al. 2009. Dabigatran versus Warfarin in Patients with Atrial Fibrillation. NEJM/ Vol. 361 no.12.
Heally et al.2007. Oral Anticoagulation in Atrial Fibrillation. ACTIVE.W)
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