

# Atrial fibrillation: Stroke Risk Assessment and Antithrombotic Treatment Consideration

<b>Patient Details</b>	 <b>GIG Cymru NHS Wales</b> Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board	<b>GP Name</b>  <b>Practice:</b>  <b>Date:</b>
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- All patients with AF should undergo a CHADS<sub>2</sub> stroke risk assessment:
  - CHADS<sub>2</sub> ≥ 2 : prescribe oral anticoagulant (OAC) - warfarin first-line
  - CHADS<sub>2</sub> score = 0 or 1: consider a CHA<sub>2</sub>DS<sub>2</sub>-VASc stroke risk assessment
    - CHA<sub>2</sub>DS<sub>2</sub>-VASc ≥ 2: prescribe OAC – warfarin first-line
    - CHA<sub>2</sub>DS<sub>2</sub>-VASc = 1: **Women** - no anticoagulant. **Men** – discuss individual risk/benefit of OAC

**CHADS<sub>2</sub> score:**

**If <2: then CHA<sub>2</sub>DS<sub>2</sub>-VASc score:**

- All patients should have assessment of bleeding risk before starting antithrombotic therapy.
  - **HAS-BLED score > 3** indicates “high risk” – caution and regular review following initiation of antithrombotic therapy (OAC or aspirin)

**HAS-BLED score:**

**CrCl:** ml/min

dabigatran c/i if <

30 ml/min

rivaroxaban ↓dose if <50ml/min

apixaban ↓dose if <30ml/min

Please note eGFR may not be an appropriate measure for all patients and a calculated CrCl should be used.

CrCl should be calculated using the Cockcroft Gault formula

Patient understands and agrees with decision to prescribe antithrombotic medication (tick box) ☐

Patient understands risks and benefits of antithrombotic medication (tick box) ☐

Choice of antithrombotic medication (tick box):

**Warfarin INR 2-3**

☐

**Dabigatran 110 mg bd**

☐

**Dabigatran 150 mg bd**

☐

**Rivaroxaban 20mg od**

☐

**Rivaroxaban 15mg od**

☐

**Apixaban 5mg bd**

☐

**Apixaban 2.5mg bd**

☐

(>80 years with weight ≤60kg or eGFR<30ml/min)

## Dabigatran is prescribed for the following licensed indication:

Prevention of stroke and systemic embolism in adults with non-valvular AF and one or more of (tick box):

- Previous stroke, TIA or systemic embolism ☐
- Left ventricular ejection fraction <40% ☐
- Symptomatic heart failure, NYHA ≥ Class 2 ☐
- Age ≥75 years ☐
- Age ≥ 65 years associated with one of the following:
  - diabetes mellitus ☐
  - coronary artery disease ☐
  - hypertension ☐

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### Rivaroxaban or apixaban are prescribed for the following licensed indication:

Prevention of stroke and systemic embolism in adults with non-valvular AF and one or more of (tick box):

- Congestive heart failure (NYHA class  $\geq 2$  for apixaban) ☐
- Hypertension ☐
- Age 75 years or older ☐
- Diabetes mellitus, ☐
- Prior stroke or transient ischaemic attack. ☐

### ***This patient is unsuitable for warfarin and acenocoumarol/phenindione because:***

Allergy/ adverse drug reaction ☐ Failure to achieve good INR ☐ Warfarin resistance ☐

Other (specify)

.....

### Request to initiate

If suggestion to initiate has come from a hospital consultant please specify (form above must still be completed):-

Consultant name.....

Specialty .....

Hospital .....

Other clinical/social factors to be considered (taken from AWMSG document)

Factor for consideration	Yes	No	Action/date
Is the patient being investigated or receiving treatment for cancer? If active VTE plus cancer LMWH may be more appropriate AF plus cancer – given the heterogeneous nature of patients with cancer, the risks and benefits for continued anticoagulation should be assessed individually and reviewed periodically.			
Is the patient taking over the counter medicines or frequent antibiotics?			
Is there evidence of trips or falls			
Does the patient have any sensory, visual or literacy deficits without carer support?			
Is there any evidence of dementia or possible problems with mental capacity?			
Is the patient of child bearing age?			

### Review this form at least annually, in addition to:-

1. Compliance (check time in therapeutic INR range (TTR) if on warfarin).
2. Thromboembolic events
3. Bleeding events
4. Other side effects
5. Co-medications and over the counter drugs
6. Check renal function: impaired renal function may constitute a contraindication or recommendation not to use the anticoagulant medicine, or may require a dose reduction; recommendations differ for warfarin, dabigatran, apixiban and rivaroxaban.

### Requesting prescriber

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Dr's Name (Block letters)	Signature	Date
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CHADS <sub>2</sub> score and stroke rate					
Risk Factor		Score		Total Score	Adjusted stroke rate (% / year)
	None	0		0	1.9
<b>C</b>	Heart failure	1		1	2.8
<b>H</b>	Hypertension	1		2	4.0
<b>A</b>	Age ≥ 75	1		3	5.9
<b>D</b>	Diabetes mellitus	1		4	8.5
<b>S<sub>2</sub></b>	Stroke / TIA	2		5 - 6	12.5 – 18.2

CHA <sub>2</sub> DS <sub>2</sub> -VASc score and stroke rate					
Risk factor		Score		Total score	Stroke (% / year)
None		0		0	0
Heart failure / LV dysfunction		1		1	1.3
Hypertension		1		2	2.2
Age ≥ 75		2		3	3.2
Diabetes mellitus		1		4	4.0
Stroke / TIA / thromboembolism		2		5	6.7
Vascular disease		1		6	9.8
Age 65 - 74		1		7	9.6
Female		1		8 - 9	6.7 – 15.2

HAS-BLED bleeding risk score		
	Clinical characteristic	Points
<b>H</b>	Hypertension	1
<b>A</b>	Abnormal renal or liver function (1 point each)	1 or 2
<b>S</b>	Stroke	1
<b>B</b>	Bleeding history <sup>1</sup>	1
<b>L</b>	Labile INRs <sup>2</sup>	1
<b>E</b>	Elderly (age > 65 years)	1
<b>D</b>	Drugs <sup>3</sup> or Alcohol <sup>4</sup> (1 point each)	1 or 2
	Total score (Maximum 9 points)	

<sup>1</sup> Bleeding history – recent GI bleed / active GI ulcer disease. Recent surgery. Recent ICH. Coagulation or platelet disorder

<sup>2</sup> Labile INR – unstable / high INRs or poor time in therapeutic range (e.g. < 60%)

<sup>3</sup> Drugs – aspirin, clopidogrel, other antiplatelet agent or NSAIDs

<sup>4</sup> Alcohol – excess consumption