Stroke prevention/bleeding risk assessment

**Stroke prevention**
This includes those with:
- Persistent AF
- Permanent AF
- Paroxysmal AF (taking into account the FREQUENCY of events)
- Atrial flutter
Those in sinus rhythm after cardioversion but at high risk of going back into AF (cardiologist's decision).

**Assess stroke risk, assess bleeding risk**

*Use CHA₂DS₂Vasc to assess stroke risk*
CHA₂DS₂Vasc is a better discriminator in the 'low risk' populations than CHADS₂.

*Use HASBLED to assess bleeding risk*
Remember that for most, the benefit of anticoagulation outweighs the risks.
Do NOT withhold warfarin solely because the person is at risk of having a fall.

Both CHA₂DS₂Vasc and HASBLED are given below. **HASBLED >= 3 high risk**

**CHA₂DS₂Vasc 0 (only men can score 0)**

*CHA₂DS₂Vasc 0 (men)*
NO ANTITHROMBOTICS
Reassess risks (stroke risk, bleeding risk) annually.
Do NOT offer aspirin (or any other drug) for stroke prevention (no reduction in emboli or mortality and harms outweigh benefits – see below).

**CHA₂DS₂Vasc 1**

*CHA₂DS₂Vasc 1 in men*
CONSIDER ANTICOAGULATION, bearing in mind bleeding risk.
If anticoagulation not indicated: offer no antithrombotic treatment.

**CHA₂DS₂Vasc 2 or more**

*CHA₂DS₂Vasc 2 or more (men and women)*

**OFFER ANTICOAGULANTS:**
WARFARIN or a NOAC, taking into account bleeding risk.
(see below for discussion of place of NOACs)
If anticoagulation indicated on basis of CHA₂DS₂Vasc BUT contraindicated for other reason/not tolerated:
consider left atrial appendage occlusion (see below).

**Annual review for all patients**
Reassess stroke risk (re-do CHA₂DS₂Vasc) and bleeding risk (use HASBLED).
If on warfarin assess time in therapeutic range (see below).

The NICE guideline continues a few pages on after a discussion of the above guidance.