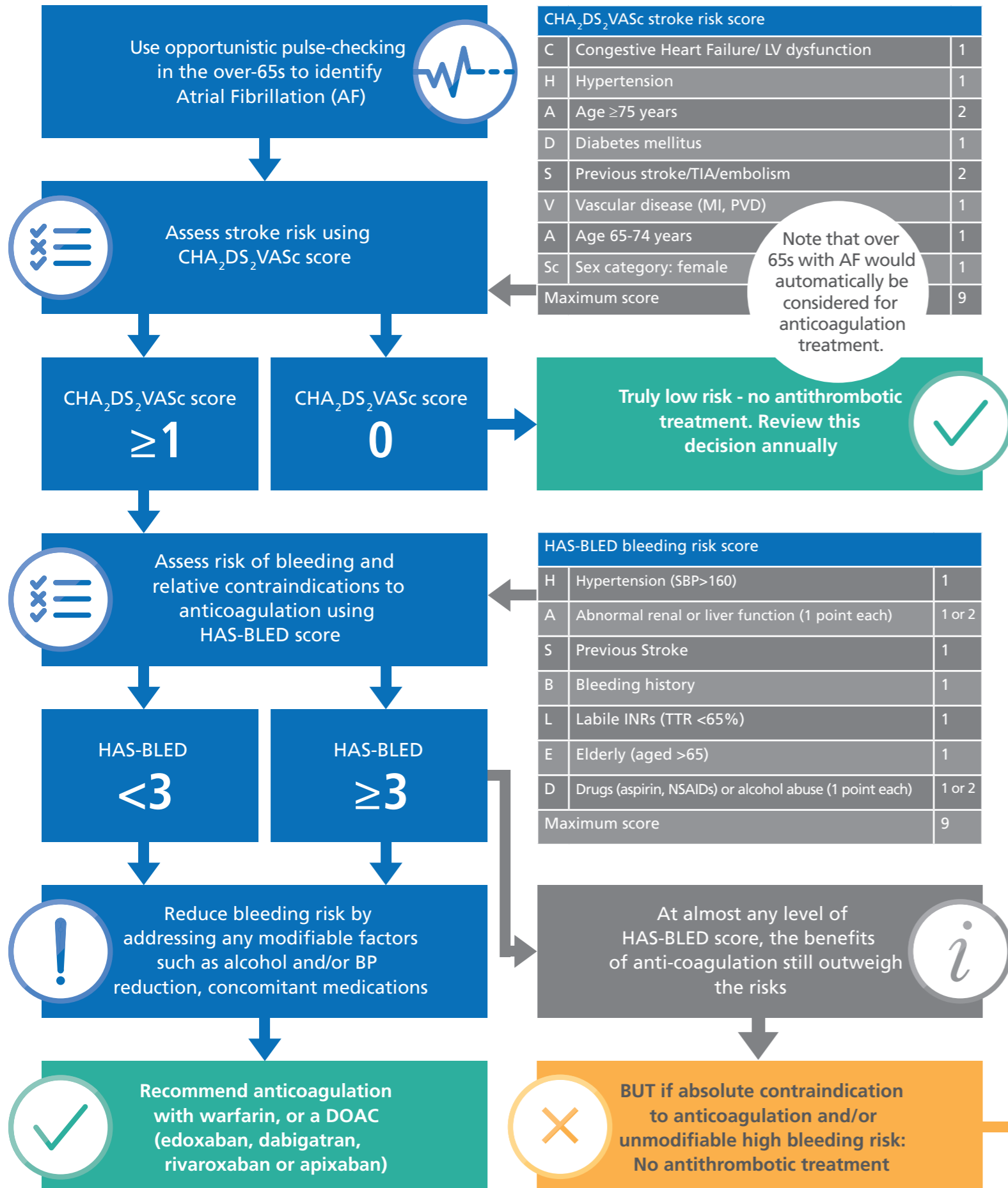




## Decision Guide



## Medication options

### Prescribe Warfarin for patients with AF who:

- are currently well controlled on warfarin
- have never taken an anticoagulant (after discussing risks and benefits with the patient)
- are at risk of drug interactions with a non-vitamin K oral anticoagulant (DOAC)
- have a creatinine clearance (eGFR) <30 ml/min/1.73m<sup>2</sup>

### Prescribe a DOAC for patients with AF who:

- are not taking warfarin because of allergy or intolerance, or in circumstances where routine INR monitoring may be impractical (provided that monitoring of renal and liver function is still practicable)
- are currently taking warfarin but, despite evidence of good compliance with medication and monitoring, have poor anticoagulant control
- are at risk of drug interactions with warfarin
- have never taken an anticoagulant and in which warfarin use is contraindicated, and would therefore be better suited to a DOAC (after discussing risks and benefits with the patient)

### NICE-recommended DOACs are:

Edoxaban	Dabigatran
Rivaroxaban	Apixaban

See accompanying guidance for full information on all medication options.

For some patients who could safely take aspirin long-term, referral for a Left Atrial Appendage Occlusion device is appropriate.

## Important notes



### Atrial fibrillation and stroke

AF is the most common form of heart arrhythmia and doubles a person's risk of stroke.

Prescribing anticoagulants for patients with AF is an effective and low risk method of reducing the likelihood of stroke.

### 65 and over?

CHA<sub>2</sub>DS<sub>2</sub>VASc shows that all patients with AF over the age of 65 should be considered for anticoagulant treatment.

66	✓
65	✓
64	×
63	×

### Risk of harm

At almost any level of HASBLED, the benefits of anticoagulation outweigh the risks. Warfarin has an NNT of 25 and an NNH of 53 - NNH for death or lasting disability is >200.

### Falls and anticoagulants

The risks associated with bleeding after a fall are low enough to virtually never outweigh the benefit to the patient from stroke prevention.

### NICE Recommendations

All the options for anticoagulation should be considered and the advantages and disadvantages of the different treatments available should be discussed with the patient before choosing a particular drug.

### Aspirin is not effective in AF

Aspirin is no longer recommended for stroke prevention in people with AF, and should not be prescribed unless there is another indication for its use.

