

Calculate CHA₂DS₂VASC and HASBLED scores
Anticoagulation should be offered to men with a CHA₂DS₂VASC score ≥ 1 and women with a CHA₂DS₂VASC score of ≥ 2



Risk of annual stroke without anticoagulation should be discussed with patients to enable them to make an informed decision about anticoagulation and agree the therapy that is most suitable. If at a later date the patient wishes to have a different anticoagulant then this should be offered.
 Use OAT pack or CMCSN or patient information leaflets where possible.



Vitamin K antagonists

Direct Oral Anticoagulants (DOACs) – non-valvular AF and one or more of the risk factors below. Consult [clinical guidelines and checklists](#) for specific information about each treatment option.



Warfarin or Acenocoumarol or Phenindione

 For more information see, [clinical guidelines](#)

Apixaban as per NICE TA275

- Previous stroke/TIA
- Hypertension
- Symptomatic heart failure
- Diabetes
- ≥ 75 years old

Dabigatran as per NICE TA249

- Previous stroke/TIA/systemic embolism
- Left ventricular ejection fraction $< 40\%$
- Symptomatic heart failure
- > 65 years old with hypertension OR coronary heart disease OR diabetes
- ≥ 75 years old

Edoxaban ▼ as per NICE TA 355

- Heart failure, hypertension or diabetes
- Previous stroke or TIA
- ≥ 75 years old

Rivaroxaban as per NICE TA256

- Congestive heart failure
- Prior stroke or TIA
- Hypertension
- Diabetes mellitus
- ≥ 75 years old

Notes:

1. Aspirin is not recommended for primary prevention of stroke in AF as per NICE CG180 but may be used in secondary prevention of stroke in combination with dipyridamole when patients cannot tolerate warfarin or a DOAC or clopidogrel as per NICE TA210.
2. Vitamin K antagonists are not affected by reduced renal function. In patients with creatinine clearance of 15-30ml/minute apixaban, edoxaban or rivaroxaban can be used. See checklists and guidelines for full information.
3. Dabigatran cannot be used in monitored dosage systems, whereas apixaban, edoxaban and rivaroxaban can.
4. At the time of writing, dabigatran is the only DOAC with a specific reversal agent (Idarucizumab).