

Anti-Thrombotic Choices for Reducing Risk of Stroke in Atrial Fibrillation

The “Focused 2012 Update of the Canadian Cardiovascular Society Atrial Fibrillation Guidelines: Recommendations for Stroke Prevention and Rate/Rhythm Control” recommends using a patient’s CHADS₂ score for guiding choice of anti-thrombotic therapy.¹

The CHADS₂ score is determined by adding scores for each of 5 risk factors as follows:

Risk Factor	Score
C = Congestive Heart Failure	1
H = Hypertension	1
A = Age over 75 Years	1
D = Diabetes Mellitus	1
S₂ = Prior Stroke or TIA or Thromboembolism	2
Total Score (addition of scores for each risk factor) =	

CHADS ₂ Score = 0	CHADS ₂ Score = 1	CHADS ₂ Score ≥ 2
Use: <ul style="list-style-type: none"> • No anti-thrombotic if no additional risk factors • ASA if either female gender or vascular disease • OAC* if age 65 years and over or combination female and vascular disease 	Use: <ul style="list-style-type: none"> • OAC* 	Use: <ul style="list-style-type: none"> • OAC
*ASA is a reasonable alternative in some as indicated by risk/benefit		

Key

OAC = Oral anticoagulant
 TIA = Transient ischemic attack
 ASA = Acetylsalicylic acid

Reference:

1. Skanes et al. Can J Cardiol 2012; 28:125-136.