WACARDIOLOGY

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KEYS TO ANTICOAGULATION IN PATIENTS WITH AF

1) Always use the CHADS2-VASc score instead of the CHADS2 score

- The CHADS2VASc score is based on a larger registry and more accurately predicts the risk of stroke.
- It includes ages 65-74, females and patients with vascular disease.

2) Do not use Aspirin

- Even if the CHADS2VASc score is 0. According to meta-analysis, Aspirin is ineffective for the treatment of AF. While showing an 18% reduction in stroke, there is a significant increased risk of bleeding.

3) Anticoagulate if the CHADS2VASc score is 1

- Except in female patients.

4) USE NOACS instead of warfarin for non-valvular AF unless there are other contraindications (eg severe renal dysfunction)

- All NOACS have significantly less risk of intracranial bleeding compared to warfarin.

5) Non-valvular AF implies patients without moderate or severe mitral stenosis OR patients with mechanical prosthetic valves

- The use of NOACS in bioprosthetic valves is controversial. In this setting, their use is accepted by the European Cardiac Society but not the FDA.

6) Most AF patients do not need bridging anticoagulation

- The BRIDGE trial excluded patients with previous thromboembolic events and those with prosthetic valves.

7) Choose a NOAC that you are most comfortable with as none have been compared head to head

- The reversal agent for Darbigatran is Praxbind.
- The reversal agent for Apixaban and Rivaroxaban is Andexenet alpha which is awaiting FDA approval.

Ed.

Dr Edmund Lee
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