Anticoagulation Therapy for Atrial Fibrillation

Determine CHADS2 Score and stroke risk

Low Risk (CHADS2 Score = 0)1

No therapy a

Intermediate Risk (CHADS2 Score = 1)1

OR

High Risk (CHADS2 Score = 2+)1

Prefer: Oral anticoagulation b

Alternative: Aspirin + clopidogrel b

Things to consider when choosing an oral anticoagulant:
- Renal function c
- Adherence issues d
- Patient preference and characteristics
- Insurance coverage
- Pharmacoeconomics e
- Risk of bleeding
- Drug interactions
- Availability of an anticoagulation management service to monitor INR

Refer to prescribing information for more complete information.

a Aspirin (75 to 325 mg daily) may be used for patients who choose antithrombotic therapy

b Oral anticoagulation preferred over no therapy, aspirin alone, or aspirin + clopidogrel. Aspirin (75 to 325 mg daily) + clopidogrel may be used for patients who are unsuitable for or choose not to take an oral anticoagulant (for reasons other than major bleeding).

c CrCl < 15 mL/min: do not use dabigatran2 or rivaroxaban3; CrCl 15-30 mL/min: use lower dose of dabigatran2; CrCl 15-50 mL/min: use lower dose of rivaroxaban3
d dabigatran- twice daily dosing\(^2\); warfarin or rivaroxaban – once daily dosing\(^3,4\)

\(^e\) CHADS\(_2\) Score 1-2: warfarin more cost effective than dabigatran unless risk of bleeding was high or had poor INR control (time in therapeutic range for warfarin < 57.1\%)\(^5\); CHADS\(_2\) Score ≥ 3: dabigatran more cost effective than warfarin unless time in therapeutic range for warfarin > 72.6\%\(^5\)

\(^f\) CHADS\(_2\) Score 1 does not have international consensus

Notes: CHADS\(_2\) = Congestive heart failure, Hypertension, Age ≥ 75 years, diabetes mellitus, prior stroke or transient ischemic attack); INR = International Normalization Ratio

Sources:
2. Pradaxa\(^\text{®}\) Prescribing information, 1/17/12.
3. Xarelto\(^\text{®}\) Prescribing information, 12/5/11.
4. Coumadin\(^\text{®}\) Prescribing information, 10/4/11.