NHS
South London
Cardiac and Stroke Network

Does my patient need anticoagulation (such as warfarin)? Assessing stroke risk in AF patients using CHA_2DS_2VASc

Paroxysmal AF, rate controlled AF and adequately rhythm controlled AF carry the same stroke risk as permanent or persistent AF. "Resolved" AF should also be considered as a thromboembolic risk and patients considered for anticoagulation.

CHA_2DS_2VASc stroke risk stratification tool is a validated means of assessing stroke risk.

- **Identify stroke clinical risk factors in the patient from the table below.**
- **Award the appropriate score for each risk factor.**
- **Risk factors are cumulative. Sum the scores for the risk factors identified to give the patient's CHA_2DS_2VASc score.**

CHA_2DS_2VASc score	
Stroke clinical risk factor	**Score**
CHF/LV dysfunction	1
Hypertension	1
Age ≥75	2
Diabetes mellitus	1
Stroke /TIA/thrombo-embolism	2
Vascular Disease	1
Age 65-74	1
Sex category (i.e. female sex)	1

CHA_2DS_2VASc score	Stroke risk % pa
0	0
1	1.3
2	2.2
3	3.2
4	4.0
5	6.7
6	9.8

CHA_2DS_2VASc score	Recommended stroke prevention
≥2	Oral anticoagulation (OAC), such as warfarin
1	Either OAC or aspirin 75–325 mg daily. **Preferred**: OAC rather than aspirin
0	Either aspirin or no antithrombotic therapy. **Preferred**: No antithrombotic therapy

* Target INR 2-3 with time in therapeutic range >65%

Notes: New oral anticoagulants are being introduced into the market place. Separate prescribing recommendations are available at the SLCSN Prescribing web page, www.slcsn.nhs.uk/prescribing.html, including the Network's position statement on NOACs.

Please see the ESC guidelines for the management of AF for further information: www.escardio.org/guidelines-surveys/esc-guidelines/Pages/atrial-fibrillation.aspx