

# Estimate stroke risk with CHA<sub>2</sub>DS<sub>2</sub>-VASc<sup>1</sup>

Letter	Characteristic	Points (if yes)
C	congestive heart failure*	1
H	hypertension	1
A	age ≥75 years old	2
D	diabetes	1
S	stroke, TIA, or thromboembolism	2
V	vascular disease**	1
A	age 65-74 years	1
S	sex: female	1

**Maximum 9 points**

\* **Congestive heart failure:** left ventricle ejection fraction ≤40

\*\* **Vascular disease:** myocardial infarction, peripheral vascular disease, or aortic plaque



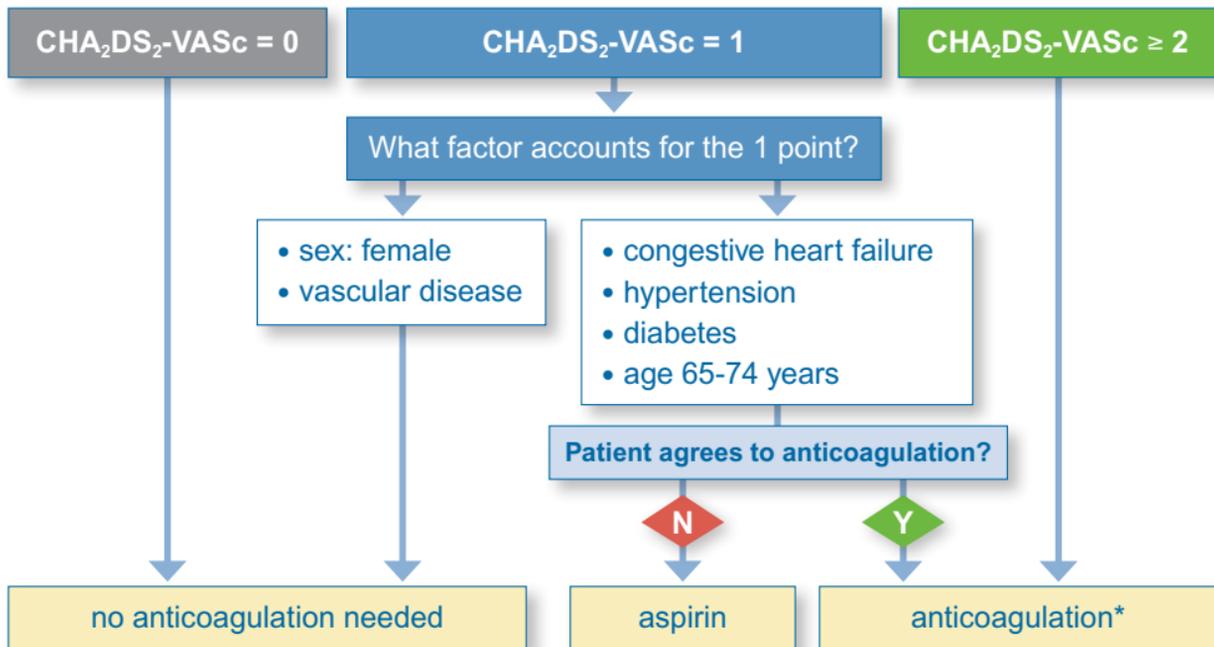
Pharmaceutical Assistance  
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## Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at [AlosaHealth.org](http://AlosaHealth.org).

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# Anticoagulate based on stroke risk<sup>2,3</sup>



\*DOAC preferred over warfarin, unless unaffordable or contraindicated.

- (1) Lip GY, Nieuwlaat R, Pisters R, Lane DA, Crijns HJ. Refining clinical risk stratification for predicting stroke and thromboembolism in atrial fibrillation using a novel risk factor-based approach: the euro heart survey on atrial fibrillation. *Chest*. 2010;137(2):263-272.
- (2) January CT, Wann LS, Calkins H, et al. 2019 AHA/ACC/HRS Focused Update of the 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society in Collaboration With the Society of Thoracic Surgeons. *Circulation*. 2019;140(2):e125-e151.
- (3) Olesen JB, Lip GY, Hansen ML, et al. Validation of risk stratification schemes for predicting stroke and thromboembolism in patients with atrial fibrillation: nationwide cohort study. *BMJ*. 2011;342:d124.