

# Assess stroke risk using CHA<sub>2</sub>DS<sub>2</sub>-VA<sup>1</sup>

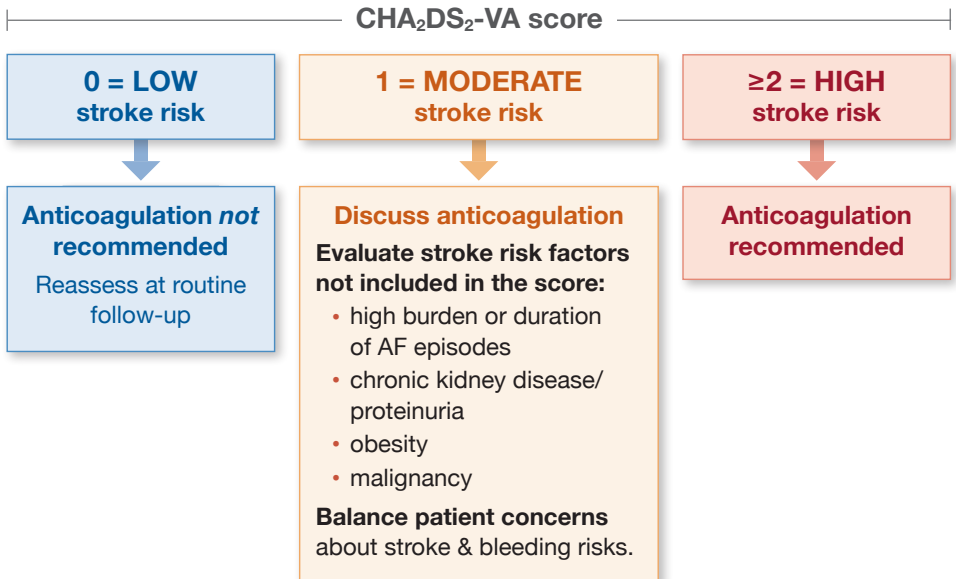
Letter	Characteristic	Points (if yes)
<b>C</b>	congestive heart failure*	1
<b>H</b>	hypertension	1
<b>A</b>	age ≥75	2
<b>D</b>	diabetes	1
<b>S</b>	prior stroke, TIA, or thromboembolism	2
<b>V</b>	vascular disease**	1
<b>A</b>	age 65-74	1

**Maximum 8 points**

\*Congestive heart failure: symptomatic heart failure (HF) regardless of left ventricle ejection fraction (LVEF) and asymptomatic HF with LVEF 40%.

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

## Treat based on CHA<sub>2</sub>DS<sub>2</sub>-VA



**Anticoagulation is *always* recommended for patients with AF plus conditions associated with very high stroke risk**—moderate to severe rheumatic mitral valve stenosis, hypertrophic cardiomyopathy, cardiac amyloidosis, or mechanical heart valve (even without AF)<sup>2</sup>

# Deciding on an anticoagulant

	dabigatran	rivaroxaban	apixaban	edoxaban	warfarin
<b>Dosing frequency</b>	twice daily	once daily	twice daily	once daily	once daily
<b>Standard dose</b>	150 mg	20 mg	5 mg	60 mg	based on INR
<b>Dose adjustment</b>	CrCl 15-30: 75 mg*	CrCl 15-49: 15 mg	<b>Two of:</b> age ≥ 80, weight ≤ 60 kg, or SCr ≥ 1.5: 2.5 mg	CrCl 15-49: 30 mg	based on INR
<b>Renal contraindications</b>	CrCl < 15	CrCl < 15	none	CrCl < 15 or > 95	none
<b>FDA-approved reversal agent</b>	idarucizumab (Praxbind)	andexanet alfa (Andexxa)	andexanet alfa (Andexxa)	none	4-factor PCC
<b>Other considerations</b>	can cause dyspepsia—consider PPI	should be taken with the largest meal	safe to use in patients with severe kidney disease or on dialysis <sup>3</sup>	do not use in normal renal function	drug-diet interactions; requires INR monitoring
<b>Use in older adults (≥ 65)**</b>	!	!!	✓	✓	✓

CrCl = creatinine clearance, mL/min; PCC = prothrombin complex concentrate; SCr = serum creatinine, mg/dL. \*Dosing reflects FDA labeling, but this dose was not studied in randomized trials. \*\*Based on American Geriatric Society Beers Criteria.<sup>4</sup>

(1) Van Gelder IC, et al. 2024 ESC Guidelines for the management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J.* 2024;45(36):3314-3414. (2) Joglar JA, et al. 2023 ACC/AHA/ACCP/HRS Guideline for the Diagnosis and Management of Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation.* 2024;149(1):e1-e156. (3) Siontis KC, et al. Outcomes Associated With Apixaban Use in Patients With End-Stage Kidney Disease and Atrial Fibrillation in the United States. *Circulation.* 2018;138(15):1519-1529. (4) 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *J Am Geriatr Soc.* 2023 Jul;71(7):2052-2081.



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These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition. This material is provided by Alosa Health, a nonprofit organization which accepts no funding from any pharmaceutical company. It was supported by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania.