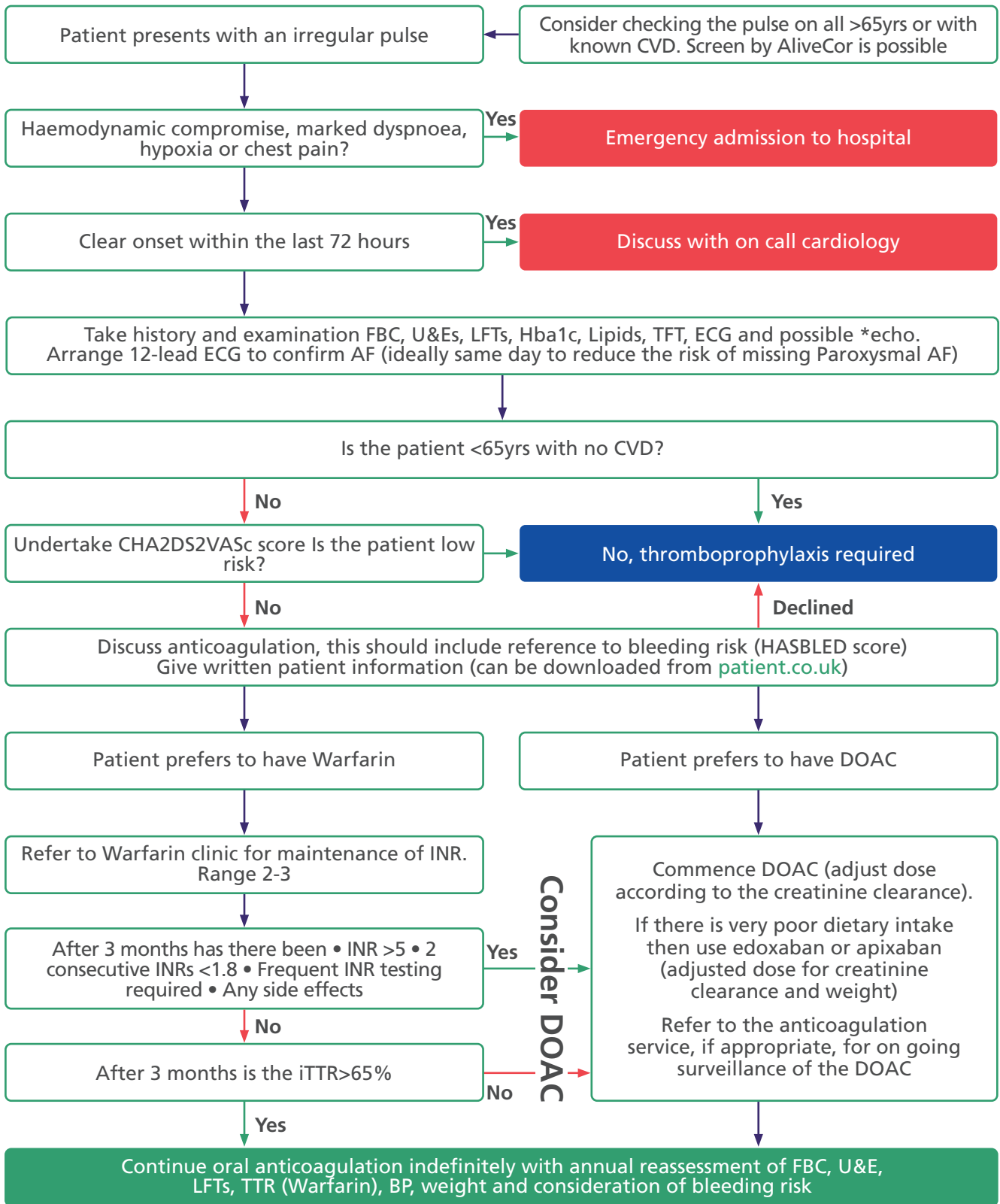


# Guide to Management of AF

## Detection and Stroke Consideration



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## Detection and Stroke Consideration

### Bleeding Risk:

Bleeding risk can be calculated using the HASBLED score.

HASBLED score should not be used to preclude anticoagulation.

Modifiable risk factors should be adjusted:

- Reduce blood pressure
- Reduce alcohol intake
- Review medication

### \*Echocardiogram consideration

The default option should be to undertake an echocardiogram.

However if due to the clinical setting the echo will not change management then it should not be undertaken.

### Contraindications to oral anticoagulation:

#### Absolute Contraindications;

- Known large oesophageal varices.
- Significant thrombocytopenia (platelet count  $< 50 \times 10^9/L$ )
- Within 72 hours of major surgery with risk of severe bleeding - defer & reassess risk postoperatively.
- Previously documented hypersensitivity to either the drug or excipients.
- Acute clinically significant bleed - defer & re-assess stroke versus bleeding risk within 3 months.
- Decompensated liver disease or deranged baseline clotting screen (INR $>1.5$ )
- Pregnancy or within 48 hours post-partum.

#### Relative Contraindications;

- Previous history intracranial haemorrhage:- seek the opinion of a stroke specialist.
- Recent major extracranial bleed within the last 6 months, where the cause has not been identified or treated - decision for oral anti-thrombotic therapy should be deferred.
- Recent documented peptic ulcer within last 3 months – decision for oral anti-thrombotic therapy should be deferred until treatment for PU completed & given PPI cover whilst on anti-thrombotic agent.
- Recent history recurrent iatrogenic falls in patient at higher bleeding risk.
  - **N.B. A risk of falls is not a contraindication to initiating oral anticoagulation.**
- Dementia or marked cognitive impairment with poor medicines compliance & no access to carer support.
- Chronic alcohol abuse - especially if associated with binge drinking.