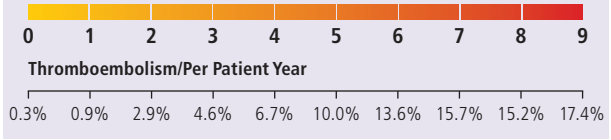
CHA_2DS_2-VASc-Score for AF Stroke Risk[1]

Letter	Clinical Meaning	Yes	Points
C	**Congestive heart failure history?**	☐	+1
H	**Hypertension history?**	☐	+1
A_2	**Age?** ≥ 75 years	☐	+2
D	**Diabetes mellitus?**	☐	+1
S_2	**Stroke/TIA/thromboembolism history?**	☐	+2
V	**Vascular disease history?** Previous MI, peripheral arterial disease or aortic plaque	☐	+1
A	**Age?** 65–74 years	☐	+1
Sc	**Sex?** Female	☐	+1
		Score:	

- Oral anticoagulation is **recommended for scores ≥ 2** in men or **≥ 3 in women** (Class I, level of evidence A)
- Oral anticoagulation is **recommended for scores ≥ 1** in men or **≥ 2 in women** (Class IIa, level of evidence B)

CHA_2DS_2-VASc-Score and Stroke Risk Assessment[2]



1. G. Hindricks *et al.* 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J*. 2021 Feb 1; 42(5): 373–498.

2. L. Friberg *et al.* Evaluation of risk stratification schemes for ischaemic stroke and bleeding in 182 678 patients with atrial fibrillation: the Swedish Atrial Fibrillation cohort study. *Eur Heart J*. 2012 Jun; 33(12): 1500–1510.

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Clinical risk factors in the HAS-BLED Score[1]

Letter	Risk factors and definitions	Yes	Points
H	**Uncontrolled hypertension?** SBP > 160 mmHg	☐	+1
A	**Abnormal renal and/or hepatic function?** Dialysis, transplant, serum creatinine > 200 µmol/L, cirrhosis, bilirubin > × 2 upper limit of normal, AST/ALT/ALP > 3 × upper limit of normal	☐ ☐	+1 +1
S	**Stroke history?** Previous ischaemic or haemorrhagic[a] stroke	☐	+1
B	**Bleeding history or predisposition?** Previous major haemorrhage or anaemia or severe thrombocytopenia	☐	+1
L	**Labile INR[b]?** TTR < 60% in patient receiving VKA	☐	+1
E	**Elderly?** Aged >65 years or extreme frailty	☐	+1
D	**Drugs or excessive alcohol drinking?** Concomitant use of antiplatelet or NSAID; and/or excessive[c] alcohol per week	☐ ☐	+1 +1
		Score:	

- Note: labile INR values are omitted with NOACs. INR is only calibrated for VKA and is not valid within the context of NOACs
- The HAS-BLED score should not exclude any patient from receiving oral anticoagulations per se. Instead, it should serve to assess patients' individual risks of bleeding, which is comparable to the CHA_2DS_2-VASc-Score (Class IIa, level of evidence B)
- Low risk of bleeding = score 0–2
- For HAS-BLED scores of ≥ 3, OACs should be administered with caution → regular control is recommended. Reduce controllable risks of bleeding (e.g. high blood pressure, co-medication, alcohol, labile INR)

ALP = alkaline phosphatase; ALT = alanine aminotransferase; AST = aspartate aminotransferase; SBP = systolic blood pressure; INR = international normalized ratio; NSAID = Non-steroidal anti-inflammatory drug; TTR = time in therapeutic range; VKA = vitamin K antagonist.

a. Haemorrhagic stroke would also score 1 point under the 'B' criterion
b. Only relevant if patient receiving a VKA.
c. Alcohol excess or abuse refers to a high intake (e.g. > 14 untits per week), where the clinician assesses there would be an impact on health or bleeding risk.

1. G. Hindricks *et al*. 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery (EACTS). *Eur Heart J*. 2021 Feb 1; 42(5): 373–498.

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