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Oral anticoagulation  
(Chest 2012;141:e531S;  
EHJ 2012;33:2719; Circ  
2013;127:1916) All  
valvular AF as stroke risk  
very high Nonvalv. AF:  
stroke risk ~4.5%/y;  
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stroke; use a risk score to

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guide Rx: CHADS2:

CHF (1 point), HTN (1), Age  $\geq 75$  y (1), DM (1), prior Stroke/TIA (2)

CHA2DS2-VASc: adds 65-74 y (1)  $\geq 75$  y (2), vasc dis. [MI, Ao plaque, or PAD (1)]; ? (1) score

$\geq 2$   $\Rightarrow$  anticoag; score 1  $\Rightarrow$  consider anticoag or ASA (? latter reasonable if risk factor age 65-74 y, vasc dis. or ?); antithrombotic Rx even if

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rhythm control [SCORE  
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options: factor Xa or  
direct thrombin inhib  
(non-valv only; no  
monitoring required) or  
warfarin (INR 2-3; w/  
UFH bridge if high risk  
of stroke); if Pt refuses  
anticoag, consider ASA +  
clopi or, even less  
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