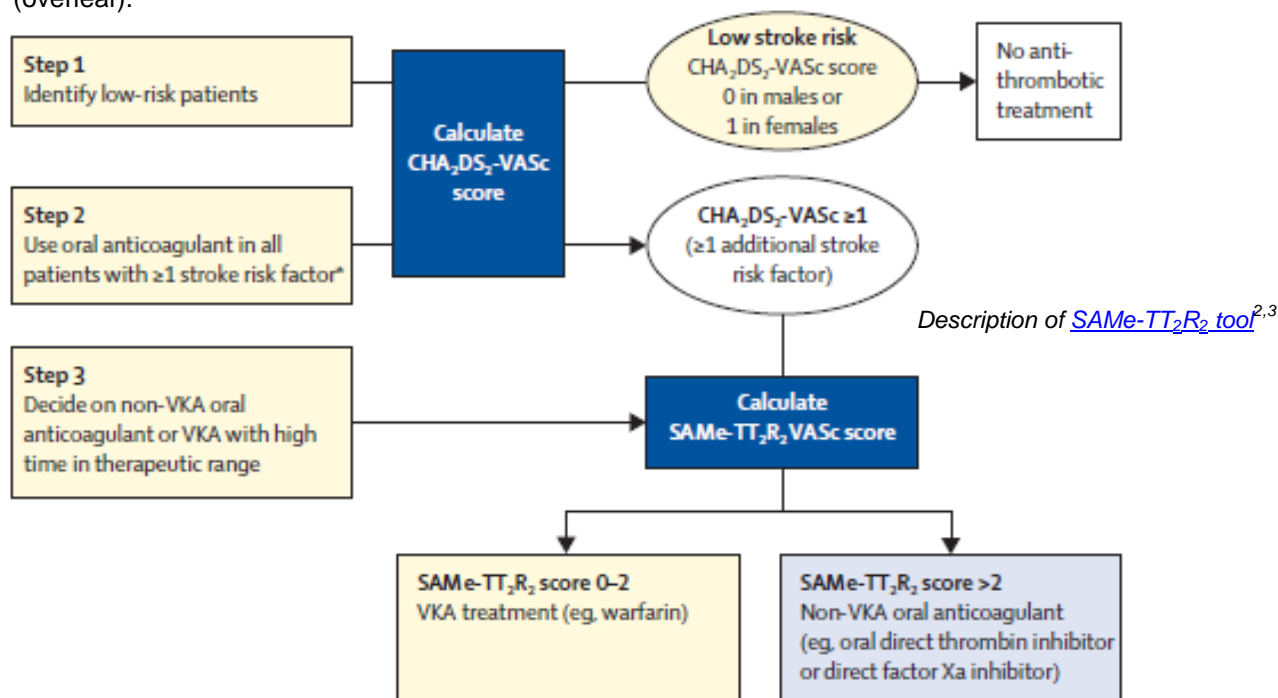


**Considerations for Commissioners:**

It was the opinion of the committee that Commissioners should ensure that robust processes or local initiatives are in place to identify patients with atrial fibrillation (AF) at increased risk of stroke, and a record made of the decision whether or not to proceed with treatment. The following points are relevant to these processes:

- If a person decides to proceed with anticoagulant treatment, the NICE clinical guideline on the [Management of atrial fibrillation \(CG180: 2014\)](#) does not specify which anticoagulant to use. The choice of agent depends on the individual person's stroke risk, risk of bleeding, other co-morbidities and personal preferences.
- There are a range of decision tools available to support discussions with the patient about the choice of anticoagulant treatment including:
  - NICE patient decision aid (paper based) [Atrial fibrillation: medicines to help reduce your risk of a stroke – what are the options?](#)
  - Keele University Prescribing Decision support tool: [Anticoagulation therapy for the prevention of stroke and systemic embolism in atrial fibrillation.](#)
- Additional decision support tools are included in a Lancet [review](#) of atrial fibrillation, which provides two decision-making algorithms - establishing if there is a need for antithrombotic treatment, and whether to recommend warfarin or NOACs (below). Figure 2 relates to the choice between NOACs according to factors such as bleeding risk (using the [HAS-BLED score](#)) or type of bleed, renal impairment, or ethnicity (overleaf).<sup>1</sup>



**Figure 1** reproduced with permission from: *Atrial fibrillation 1: Stroke prevention in atrial fibrillation. Ben Freedman, Tatjana S Potpara, Gregory Y H Lip. Lancet 2016; 388: 806–17.*

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WARNING: This sheet should be read in conjunction with the Summaries of Product Characteristics  
 This guidance is based upon the published information available in English at the time the drug was considered. It remains open to review in the event of significant new evidence emerging.



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