Stroke Risk Stratification

The Baseline Risk of Stroke in People with New-onset AF (and without prior TIA or stroke) from Framingham Data (5-year stroke risk in %)

People with AF and either significant valvular disease, prior stroke or TIA are at VERY HIGH risk of stroke and don’t need risk stratification. They should receive long-term warfarin unless contraindicated.

People with AF and either left ventricular dysfunction (LVEF ≤ 40%) or a past episode of decompensated heart failure are at HIGH risk and should receive long-term warfarin unless contraindicated.

Choice of warfarin or aspirin depends on stroke risk*

<table>
<thead>
<tr>
<th>Stroke Risk</th>
<th>% Risk</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY HIGH</td>
<td>≥ 20%</td>
<td>Long-term anticoagulant treatment with adjusted dose of warfarin aiming for an INR 2.5 (range 2.0 to 3.0) unless there are clear contraindications</td>
</tr>
<tr>
<td>HIGH</td>
<td>15 - 19%</td>
<td>Discuss the individual’s potential benefits, risks and preferences for or against anticoagulant or aspirin treatment</td>
</tr>
<tr>
<td>INTERMEDIATE</td>
<td>10 - 14%</td>
<td>Commence aspirin (75 mg to 300 mg) after discussion</td>
</tr>
<tr>
<td>LOW</td>
<td>&lt; 10%</td>
<td>Commence aspirin (75 mg to 300 mg) after discussion</td>
</tr>
</tbody>
</table>

Note: In people with a contraindication to warfarin, consider using aspirin (75 mg to 300 mg) after discussion.
* Even when risk of stroke is high careful consideration of contraindications is required before warfarin is commenced.
### 5-year Stroke Risk (%)

<table>
<thead>
<tr>
<th>AGE</th>
<th>Systolic Blood Pressure (mm Hg)</th>
<th>Diabetes</th>
<th>No-Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 75</td>
<td>180</td>
<td>22</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>160</td>
<td>19</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>140</td>
<td>17</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>120</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>65 - 74</td>
<td>180</td>
<td>17</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>160</td>
<td>15</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>140</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>120</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>&lt; 65</td>
<td>180</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>160</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>140</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>120</td>
<td>9</td>
<td>16</td>
</tr>
</tbody>
</table>

**Note:** The table above illustrates the 5-year stroke risk (%) for men and women based on their systolic blood pressure and age. The risk is categorized into three age groups: ≥ 75, 65 - 74, and < 65. The systolic blood pressure is measured in millimeters of mercury (mm Hg). The table compares the stroke risk for individuals with diabetes to those without diabetes.