

# 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  $\leq$  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 \*

Stroke Risk	% Risk	Treatment
VERY HIGH	$\geq$ 20%	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
HIGH	15 - 19%	
INTERMEDIATE	10 - 14%	Discuss the individual's potential benefits, risks and preferences for or against anticoagulant or aspirin treatment
LOW	< 10%	Commence aspirin (75 mg to 300 mg) after discussion

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 (%)

## MEN

		No-Diabetes	Diabetes
Systolic Blood Pressure (mm Hg)	180	13	22
	160	11	19
	140	10	17
	120	9	15
		<b>AGE ≥ 75</b>	
Systolic Blood Pressure (mm Hg)	180	10	17
	160	9	15
	140	8	13
	120	7	12
		<b>AGE 65 - 74</b>	
Systolic Blood Pressure (mm Hg)	180	7	13
	160	6	11
	140	6	10
	120	5	9
		<b>AGE &lt; 65</b>	

## WOMEN

		No-Diabetes	Diabetes
Systolic Blood Pressure (mm Hg)	180	23	37
	160	20	34
	140	18	31
	120	16	28
		<b>AGE ≥ 75</b>	
Systolic Blood Pressure (mm Hg)	180	18	29
	160	16	27
	140	14	24
	120	13	21
		<b>AGE 65 - 74</b>	
Systolic Blood Pressure (mm Hg)	180	13	22
	160	12	20
	140	11	17
	120	10	16
		<b>AGE &lt; 65</b>	