

## Choice of therapy guided by thromboembolic risk

Thromboembolic risk – five years	
High risk of stroke ( $\geq 15\%$ )	Warfarin usually advantageous
Intermediate risk (10-14%)	Discuss patient preferences
Low risk of stroke ( $< 10\%$ )	Aspirin usually preferred
Very low risk of stroke	Antithrombotic therapy not indicated

## Risk factors for thromboembolic risk assessment

High risk factors	
<ul style="list-style-type: none"><li>- Significant valvular heart disease (including mitral stenosis and prosthetic valves)</li><li>- Previous stroke, TIA or pulmonary embolus</li><li>- Heart failure or significant LV dysfunction</li></ul>	People with AF and one or more of these factors are at high risk of stroke
Medium risk factors	
<ul style="list-style-type: none"><li>- Woman <math>&gt; 64</math> years</li><li>- Man <math>&gt; 74</math> years</li><li>- Hypertension</li><li>- Diabetes mellitus</li></ul>	People with AF and two or more of these factors are at high risk of stroke. People with AF and only one of these factors are at intermediate risk of stroke
Very low risk of stroke	
<ul style="list-style-type: none"><li>- Under 60 years with lone AF and no identified underlying cause, no hypertension and no clinical or echocardiographic evidence of heart disease</li></ul>	Very low risk of stroke and unlikely to benefit from antithrombotic therapy