ATRIAL FIBRILLATION TREATMENT PATHWAY GUIDELINE

Prescribers should always consult the Summary of Product Characteristics for details around contraindications, side-effects etc. These can be accessed at www.medicines.org.uk/emc

Has diagnosis of non-valvular atrial fibrillation been confirmed?

Has the patient’s CHA₂DS₂-VASc score been calculated?

Score of ≥1 (men) or ≥2 (women)

Do not offer stroke prevention to people aged <65 years and no other risk factors other than their sex

Calculate patient’s HAS-BLED score

When discussing the benefits and risks of anticoagulation explain that:

- For most people the benefit of anticoagulation outweighs the bleeding risk
- For people with an increased risk of bleeding the benefits may not outweigh the risks and careful monitoring of bleeding risks is important

Anticoagulation may be with a vitamin K antagonist, apixaban, dabigatran, edoxaban, or rivaroxaban

Discuss the options for anticoagulation with the patient and base the choice on their clinical features and preferences and ensure patient receives anticoagulation pack when treatment initiated

Confirm following pre-treatment investigations:
- Full blood count (FBC)
- International Normalised Ratio (INR)
- Activated Partial Thromboplastin Time ratio (APTT)
- Urea and electrolytes (U&E)
- Liver function test (LFTs)

Note renal function requires periodic monitoring see guideline

Calculate creatinine clearance (link) n.b. eGFR should not be used to guide dosing decisions

CrCl≥15ml/min
- warfarin
- apixaban* (2.5mg bd)
- edoxaban (30mg od if 15-50ml/min)
- rivaroxaban (use with caution)

CrCl≥30ml/min
- warfarin
- apixaban
- edoxaban (30mg od if 15-50ml/min)
- rivaroxaban (15mg od when 30-49ml/min)
- dabigatran (110mg bd if higher risk of bleeding)

*Apixaban dose should always be lowered to 2.5 mg bd with serum creatinine ≥ 133micromol/L and either ≥80 years or body weight ≤60kg
Patients for whom the NOACS are MOST SUITED:

- Poor INR control on warfarin. INR not well controlled defined as TTR ≤65%, or 2 or more unexplained INR results above 5.0 or below 1.7 in a 12 month period. TTR may exclude INR’s in first month of therapy, or until the first therapeutic INR, to a maximum of 3 months. Exclude all reasons for poor INR control despite good compliance before considering a NOAC.

- Significant difficulties with INR monitoring and/or accessing anticoagulant clinics that raises safety concerns. Exclude alternatives such as community anticoagulant services, domiciliary monitoring/input or self-testing.

- Patients in whom warfarin is unsuitable due to contraindications or intolerance, e.g. alopecia rather than bleeding, could be offered a NOAC. However, NOACs are not suitable alternatives in patients with bleeding complications associated with warfarin treatment, contraindication to warfarin due to high bleeding risk, poor compliance with warfarin therapy, trivial ADR, a history of alcohol abuse or drug overdose.

Patients for whom the NOACS are NOT suited:

- Where eGFR ≤15ml/min or ≤30ml/min for dabigatran – discussion with haematologist or renal physician advised as use is contraindicated

- Prosthetic heart valves
- Concerns over compliance
- Hepatic disease with coagulopathy
- Active cancer

- Concomitant treatment with other anticoagulants except when switching
- Active clinically significant bleeding

A FULL LIST OF CONTRA-INDICATIONS IS AVAILABLE ON THE PRODUCT SPC (LINK) AND MUST BE CONSULTED PRIOR TO INITIATING TREATMENT

**PATIENTS FOR WHOM THE NOACS ARE MOST SUITED:**

- Have NVAF and 1 or more of:
  - Stroke or tia in past
  - 75 years or older
  - Hypertension
  - Diabetes
  - Symptomatic heart failure

- Have NVAF and 1 or more of:
  - Stroke, tia or systemic embolism in past
  - 75 years or older
  - Age 65 or older with diabetes or hypertension or coronary artery disease
  - Symptomatic heart failure (NYHA class 2 or above)

- Have NVAF and 1 or more of:
  - Congestive heart failure
  - Hypertension
  - Diabetes
  - Prior stroke or tia
  - Age 75 years or older

**Stroke prevention**

- Superior to warfarin (median TTR 66%) (ARISTOTLE)
- Slightly superior to warfarin with 150mg twice daily dose. Non-inferior to warfarin with 110mg twice daily dose (RE-LY)
- Non-inferior compared to warfarin (median TTR 68.4%) (ENGAGE AF-TIMI 48)
- Non-inferior to warfarin (TTR 55%) (ROCKET-AF)

**DRUG SPECIFIC CONSIDERATIONS FOR NOACS**

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A guideline produced by the Greater Manchester Commissioning Support Unit also provides more detailed comparison of apixaban, dabigatran and rivaroxaban.

[http://gmmmg.nhs.uk/docs/guidance/GMMMG%20NOAC%20prescriber%20decision%20support%20Dec%202013.pdf](http://gmmmg.nhs.uk/docs/guidance/GMMMG%20NOAC%20prescriber%20decision%20support%20Dec%202013.pdf)