

CHADS2 Score and Recommended Therapy

CHADS2 Score	Recommended Therapy (Dose)
0	<i>Aspirin</i> (81-325 mg daily)
1	<i>Aspirin</i> (81-325 mg daily)
	OR
	<i>Warfarin</i> (INR: 2.0-3.0)
≥ 2	OR
	<i>Dabigatran</i> (For patients with CrCl > 30 ml/min: 150 mg twice daily) (For patients with CrCl 15-30 ml/min: 75 mg twice daily)
	<i>Warfarin</i> (INR 2.0-3.0)

CrCl=creatinine clearance; INR=International Normalized Ratio.

Notes: Aspirin or no therapy is acceptable for patients less than 60 years of age with no heart disease (lone atrial fibrillation).

Dabigatran is an alternative to warfarin in patients who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (creatinine clearance <15ml/min), or advanced liver disease (impaired baseline clotting function).

Information from:

Singer DE, Albers GW, Dalen JE, Fang MC, Go AS, Halperin JL, et al. Antithrombotic therapy in atrial fibrillation: American College of Chest Physicians evidence based clinical practice guidelines (8th edition). *Chest* 2008;133(suppl 6):546S-92S.

Wann LS, Curtis AB, Ellenbogen KA, Estes NA 3rd, Ezekowitz MD, Jackman WM, et al. 2011 ACCF/AHA/HRS focused update on the management of patients with atrial fibrillation (update on dabigatran). A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J Am Cardiol* 2011;57:1330-7.

Knight BP, ed. Practical rate and rhythm management of atrial fibrillation pocket guide. Adapted from the ACC/AHA/ESC 2006 guidelines for the management of patients with atrial fibrillation. http://www.hrsonline.org/ClinicalGuidance/af_pocketguide.cfm. Accessed May 19, 2011.

Dabigatran [package insert], Ridgefield, Conn: Boehringer Ingelheim Pharmaceuticals, Inc.; 2010.

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