Atrial Fibrillation Pathway

This pathway has been developed from published guidance, in collaboration with local cardiologists. This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

Symptomatic presentation of AF
Most common presenting symptoms: breathlessness, chest pain, syncope/obnubilation and palpitations also reduced exercise tolerance, malaise and polyuria. May present with associated complications: stroke, TIA, or heart failure. Often asymptomatic.

Also refer patients to www.atrialfibrillation.org.uk

Opportunistic find of AF

Refer to current BNF or SPC for full medicines information

DVLA Recommendations
Advise the person that it is their responsibility to inform the Driver and Vehicle Licensing Agency (DVLA) of any condition that may affect their ability to drive.

Further Investigations
- Bloods – FBC, U&E, LFT, TFT. Consider also Car’s Mg*+,
- 24/48hr: 7-day ECG or appropriate if required to confirm diagnosis.
- Rate control if poorly controlled:
- Consider also Ca2+, Mg2+ and HA1c.
- Consider chest x-ray if suspected respiratory pathology.
- Consider ECHO if high risk of underlying structural heart disease.
- Exclude underlying causes or triggers:
- Cardiac causes: such as hypertension, valvular heart disease, heart failure, and ischaemic heart disease.
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Follow up 1 week later: assess
- Tolerance to treatment
- Symptomatic control
- HR, BP

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Consider stroke risk with CHA2DS2-VASc score

No antithrombotic/ anticoagulant therapy

CHADS2 score table

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### CHA2DS2Vasc Score

<table>
<thead>
<tr>
<th>Condition</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive heart failure/LV dysfunct.</td>
<td>1</td>
<td>Hypertension (uncontrolled, &gt; 160 mmHg systolic)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1</td>
<td>Chronic liver disease or Bili 2xULN with AST/ALT/ALP 3x ULN</td>
</tr>
<tr>
<td>Age = 75</td>
<td>2</td>
<td>Abnormal renal function (creatinine =200 umol/L, renal transplant or chronic dialysis)</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1</td>
<td>Stroke</td>
</tr>
<tr>
<td>Stroke/TIA/systemic arterial embolism</td>
<td>2</td>
<td>History of major bleeding or predisposition</td>
</tr>
<tr>
<td>Vascular disease (prev. MI, peripheral arterial disease, aortic plaque)</td>
<td>1</td>
<td>Labile INRs, time in range less than 60%</td>
</tr>
<tr>
<td>Age 65 - 74</td>
<td>1</td>
<td>Elderly (age = 65 or frail condition)</td>
</tr>
<tr>
<td>Sex (male 0, female 1)</td>
<td>F1</td>
<td>Drugs (concomitant antiplatelet, NSAIDs etc) or alcohol abuse (1 point each)</td>
</tr>
</tbody>
</table>

**Total score (maximum score 9)**

- Bleeding requiring hospitalisation and/or causing decrease in Hb >20 g/L and/or requiring ≥2 units blood transfusion

### HASBLED Score

<table>
<thead>
<tr>
<th>HASBLED score</th>
<th>Major bleed s per 100 pt years</th>
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<tbody>
<tr>
<td>0</td>
<td>1.13</td>
</tr>
<tr>
<td>1</td>
<td>1.02</td>
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<tr>
<td>2</td>
<td>1.88</td>
</tr>
<tr>
<td>3</td>
<td>3.74</td>
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<tr>
<td>4</td>
<td>8.70</td>
</tr>
<tr>
<td>5</td>
<td>12.50</td>
</tr>
<tr>
<td>6 - 9</td>
<td>Insufficient data</td>
</tr>
</tbody>
</table>

### Adjusted Stroke Rate (%/year)

<table>
<thead>
<tr>
<th>CHA2DS2Vasc score</th>
<th>Adjusted stroke rate (%/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>2</td>
<td>2.2%</td>
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<tr>
<td>3</td>
<td>3.2%</td>
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<tr>
<td>4</td>
<td>4.0%</td>
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<tr>
<td>5</td>
<td>6.7%</td>
</tr>
<tr>
<td>6</td>
<td>9.8%</td>
</tr>
<tr>
<td>9</td>
<td>15.2%</td>
</tr>
</tbody>
</table>