



Practice Tips

Anticoagulation for atrial fibrillation

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Anticoagulation reduces risk of stroke in patients with atrial fibrillation by 68% (international normalized ratio 2 to 3).¹ Yet the risk of very severe life-threatening bleeding due to use of warfarin is 1% per year and 3.4% per year for patients 80 years or older.² Risk of severe but less serious bleeding (for example, gross hematuria) is 4.4% to 7.1% per year for patients older than 50.² Acetylsalicylic acid is an alternative to warfarin for patients at very low risk of stroke and for patients for whom warfarin is contraindicated; ASA reduces the risk of stroke by approximately 20%.³

Many of our patients are unaware of their risk of stroke.⁴ We need to be able to estimate their risk so that we can discuss the risk-benefit ratio of warfarin. Framingham data on the risk of stroke in atrial fibrillation were published recently.⁵ Less than 1 month later, a personal digital assistant (PDA)-based risk calculator became available on the Internet at www.statcoder.com.

When patients present with new-onset atrial fibrillation (continuous or paroxysmal; risk of stroke is similar),⁶ I now calculate their absolute risk of stroke. My patients are then given a handout on their risk reduction with warfarin and on the risks of warfarin itself. The handout is available at <http://drgreiver.com/afib.htm>.

Since the Atrial Fibrillation Follow-up Investigation of Rhythm Management (AFFIRM) study, I have been prescribing rate-controlling medications, such as beta-blockers, rather than rhythm-controlling drugs, such as amiodarone.

The AFFIRM study found a trend toward better outcomes with rate control.⁷

This newer, more accurate method of calculating risk has improved my ability to discuss warfarin therapy with my patients and help them make an informed decision. I was surprised at how fast a PDA-based calculator became available on the Internet.

References

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We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. Tips can be mailed to **Dr Tony Reid**, Scientific Editor, *Canadian Family Physician*, 2630 Skymark Ave, Mississauga, ON L4W 5A4; by fax (905) 629-0893; or sent by e-mail to tony@cfpc.ca.

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