Recommendations for the prevention of thrombo-embolic events in AF

Recommendations	Class[a]	Level[b]
For stroke prevention in AF patients who are eligible for OAC, NOACs are recommended in preference to VKAs (excluding patients with mechanical heart valves or moderate-to-severe mitral stenosis).[423,424]	I	A
For stroke risk assessment, a risk-factor-based approach is recommended, using the CHA_2DS_2-VASc clinical stroke risk score to initially identify patients at 'low stroke risk' (CHA_2DS_2-VASc score = 0 in men, or 1 in women) who should not be offered antithrombotic therapy.[334,388]	I	A
OAC is recommended for stroke prevention in AF patients with CHA_2DS_2-VASc score ≥2 in men or ≥3 in women.[412]	I	A
OAC should be considered for stroke prevention in AF patients with a CHA_2DS_2-VASc score of 1 in men or 2 in women. Treatment should be individualized based on net clinical benefit and consideration of patient values and preferences.[338,378,380]	IIa	B
For bleeding risk assessment, a formal structured risk-score-based bleeding risk assessment is recommended to help identify non-modifiable and address modifiable bleeding risk factors in all AF patients, and to identify patients potentially at high risk of bleeding who should be scheduled for early and more frequent clinical review and follow-up.[388,395,404,406]	I	B

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