

Nonvalvular Atrial Fibrillation

Screening and Management Reference Guide



OPPORTUNISTIC SCREENING



Patient screened during a routine consultation with HCP

Age ≥ 65

HTN

OSA

SYSTEMATIC SCREENING



At-risk patients are identified and invited to be screened

Age ≥ 75

Prior stroke

≥ 2 stroke risk factors

DOACs are preferred over VKAs for NVAf



CHA₂DS₂-VASc

Risk Factor	Score
Congestive heart failure	1
Hypertension	1
Age ≥ 75 years	2
Diabetes	1
History of Stroke/TIA	2
Vascular disease (MI, CABG, PAD)	1
Age 65-74 years	1
Female Sex	1

DOAC indicated with CHA₂DS₂-VASc:

Female ≥ 3 : Male ≥ 2

Patient-Specific Factors to Consider



History of bleeding



Health literacy



Adherence



Cost and coverage



Pregnancy



Drug interactions



Renal function



Hepatic function



Comorbidities

DOAC

- Mechanism of action
- Standard dose
- Reduced dose
- Dose reduction criteria

APIXABAN

- Factor Xa inhibitor
- 5 mg PO BID
- 2.5 mg PO BID
- ≥ 2 of: age ≥ 80 years, weight ≤ 60 kg, SCr ≥ 1.5 mg/dL

DABIGATRAN

- Direct thrombin inhibitor
- 150 mg PO BID
- 75 mg PO BID
- CrCl 15-30 mL/min, DDI with dronedarone and ketoconazole

EDOxaban

- Factor Xa inhibitor
- 60 mg PO daily
- 30 mg PO daily
- CrCl 15-50 mL/min

RIVAROXABAN

- Factor Xa inhibitor
- 20 mg PO daily
- 15 mg PO daily
- CrCl < 50 mL/min

UNDERDOSING AND OVERDOSING DOACS CAN INCREASE ALL-CAUSE MORTALITY

CABG, coronary artery bypass graft; CrCl, creatinine clearance; DDI, drug-drug interactions; DOAC, direct oral anticoagulant; HCP, healthcare professional; HTN, hypertension; MI, myocardial infarction; NVAf, nonvalvular atrial fibrillation; OSA, obstructive sleep apnea; PAD, peripheral artery disease; SCr, serum creatinine; TIA, transient ischemic attack; VKA, vitamin K antagonist.