

United Kingdom Anticoagulation Guidelines -

1.1.1 Risks of long-term anticoagulation

- 1.1.1.1 Both the antithrombotic benefits and the potential bleeding risks of long-term anticoagulation should be explained to and discussed with the patient. **D(GPP)**
- 1.1.1.2 The assessment of bleeding risk should be part of the clinical assessment of patients before starting anticoagulation therapy. Particular attention should be paid to patients who:
- are over 75 years of age **D**
 - are taking antiplatelet drugs (such as aspirin or clopidogrel) or non-steroidal anti-inflammatory drugs **C**
 - are on multiple other drug treatments (polypharmacy) **C**
 - have uncontrolled hypertension **C**
 - have a history of bleeding (for example, peptic ulcer or cerebral haemorrhage) **C**
 - have a history of poorly controlled anticoagulation therapy. **D(GPP)**

1.1.2 Risk factors for stroke and thromboembolism

- 1.1.2.1 The stroke risk stratification algorithm (appendix E) should be used in patients with AF to assess their risk of stroke and thromboembolism, and appropriate thromboprophylaxis given. **C**
- 1.1.2.2 Risk stratification should be reconsidered whenever individual risk factors are reviewed. **D(GPP)**

1.2 Monitoring and referral

This section contains guidance on the follow-up of patients with AF post cardioversion and on identifying the patients for whom self-management of anticoagulation is safe and effective. It also offers guidance on which patients with AF benefit from referral for specialist non-pharmacological interventions.

1.2.1 Anticoagulation self-monitoring

1.2.1.1 In patients with AF who require long-term anticoagulation, self-monitoring should be considered if preferred by the patient and the following criteria are met: **C**

- the patient is both physically and cognitively able to perform the self-monitoring test, or in those cases where the patient is not physically or cognitively able to perform self-monitoring, a designated carer is able to do so
- an adequate supportive educational programme is in place to train patients and/or carers
- the patient's ability to self-manage is regularly reviewed
- the equipment for self-monitoring is regularly checked via a quality control programme.