

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.