

 **QUALITY OF CARE AND OUTCOMES ASSESSMENT**

USE OF WARFARIN THERAPY AND RISK STRATIFICATION TOOLS FOR ATRIAL FIBRILLATION PATIENTS

ACC Poster Contributions

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Background: Current guidelines endorse the CHADS2 score to determine warfarin therapy in atrial fibrillation (AF). The CHADS-VASc score has recently been proposed as a better stroke risk stratification tool. We describe the proportion of AF patients receiving warfarin classified as low risk by each scheme.

Methods: Consecutive AF patients treated with warfarin were enrolled in the Michigan Anticoagulation Quality Improvement Initiative (MAQI²) registry beginning in October 2009. The CHADS-VASc scheme assigns 1 point for congestive heart failure, hypertension, diabetes mellitus, vascular disease, age 65-74, and female gender, and 2 points for age > 74 and stroke. AF patients are considered low risk for stroke if the CHADS2 or CHADS-VASc score is zero.

Results: 740 AF patients were enrolled in the MAQI² registry between October 2009 and September 2010. The mean age is 69.4 (SD 13.1) and 60.4% are male. In terms of race, 646 (88.1%) are white, 44 (6%) are black and 39 (5.9%) are other. Distribution of CHADS2 and CHADS-VASc scores are seen in the figure. Of AF patients taking warfarin, 16% were low risk by CHADS2 while 7.8% were low risk by CHADS-VASc ($p < 0.0001$).

Conclusion: Significantly fewer low risk patients are being inappropriately anticoagulated based on the CHADS-VASc score compared to CHADS2. Further investigation of outcomes based on these scoring systems is warranted to determine which score best predicts patients that do and do not require anticoagulation.

