**CHADS2 SCORE PREDICTS THE OCCURRENCE OF DEATH, STROKE AND HEART FAILURE IN PATIENTS WITH ATRIAL FIBRILLATION: A SINGLE-CENTER COHORT STUDY**

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**Background:** We tested the hypothesis that the CHADS2 risk score could predict the occurrence of a composite endpoint including death, stroke and heart failure (HF).

**Methods:** 541 patients with an ECG-documented AF were consecutively included in our Department and followed-up for a mean of 1.76 ± 1.43 years.

**Results:** Mean CHADS2 risk score was 1.69 ± 1.30: 116 (21.4%) patients had a score 0, 136 (25.2%) a score 1 and 289 (53.4%) a score ≥ 2. HF occurs at follow-up with different figures according to the CHADS2 risk score: 3 (2.6%) for score 0, 11 (8.1%) for score 1 and 62 (21.5%) for a score ≥ 2. Treatment at discharge included warfarin in 366 patients (67.7%), aspirin in 170 (32.3%). At follow-up, 97 patients (17.9%) died, 22 (4.1%) had stroke and 76 (14.1%) had at least one episode of HF. Based on unadjusted Kaplan-Meier plots, representing patients with a score of 0, 1 and ≥ 2, those with a CHADS2 = 2 had the worst prognosis (figure, Lograng, p<0.001). The multivariate analysis showed that the following clinical parameters were significant predictors of the occurrence of the composite endpoint: permanent AF (OR 2.07, p=0.0004), age (OR 1.03, p=0.0032), warfarin at discharge (OR 0.59, p=0.0455) and antiplatelet agents at discharge (OR 0.56, p=0.0366).

**Conclusion:** Our study suggests the ability of CHADS2 scoring system for thromboembolism to identify AF patients at high-risk of cardiovascular events including heart failure. However, refinements are mandatory to implement this widely used clinical approach.