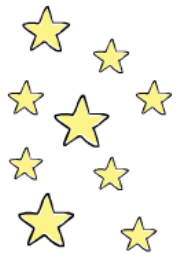
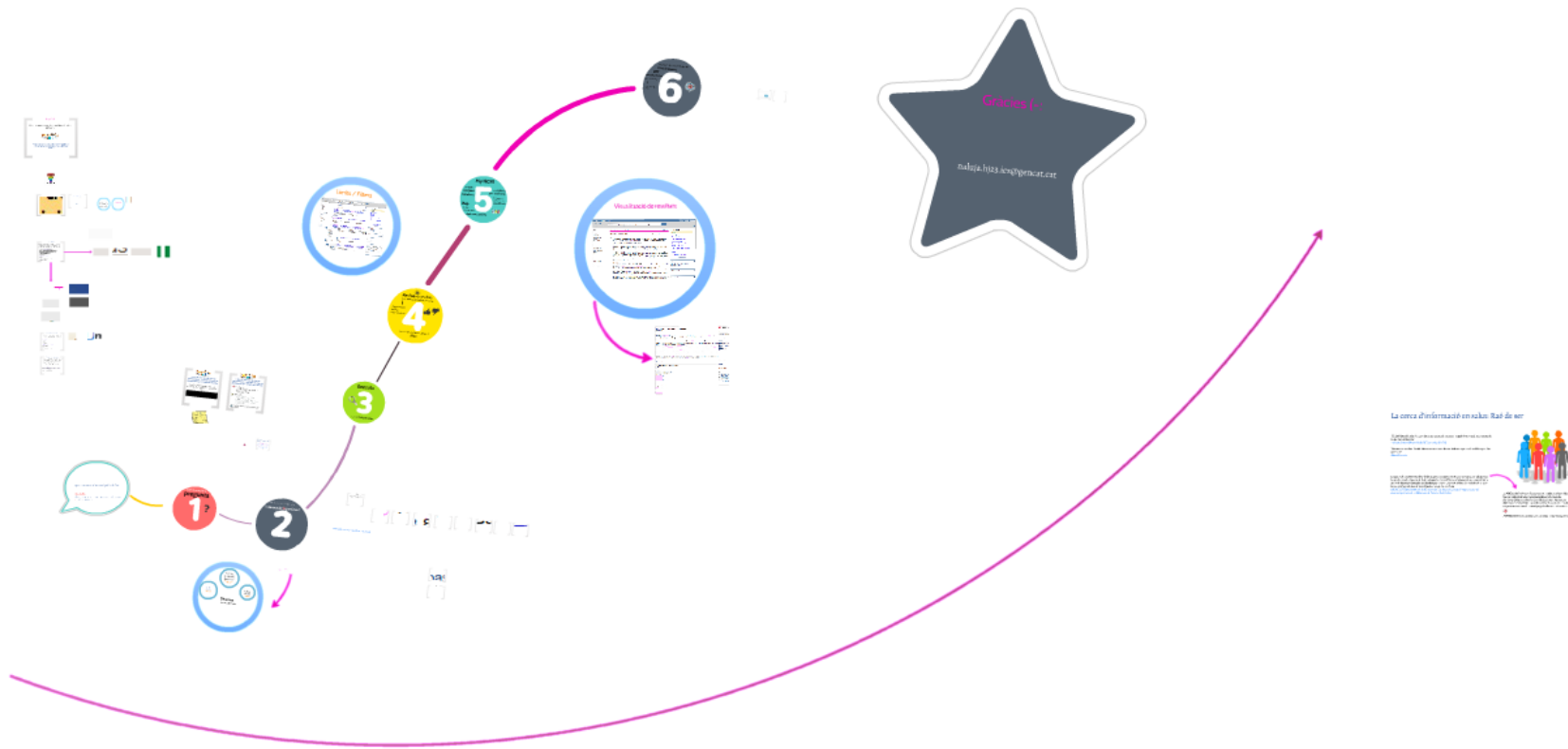


La cerca i l'accés a la **informació**

Quan necessito informació, què he de fer?



18/6/2015

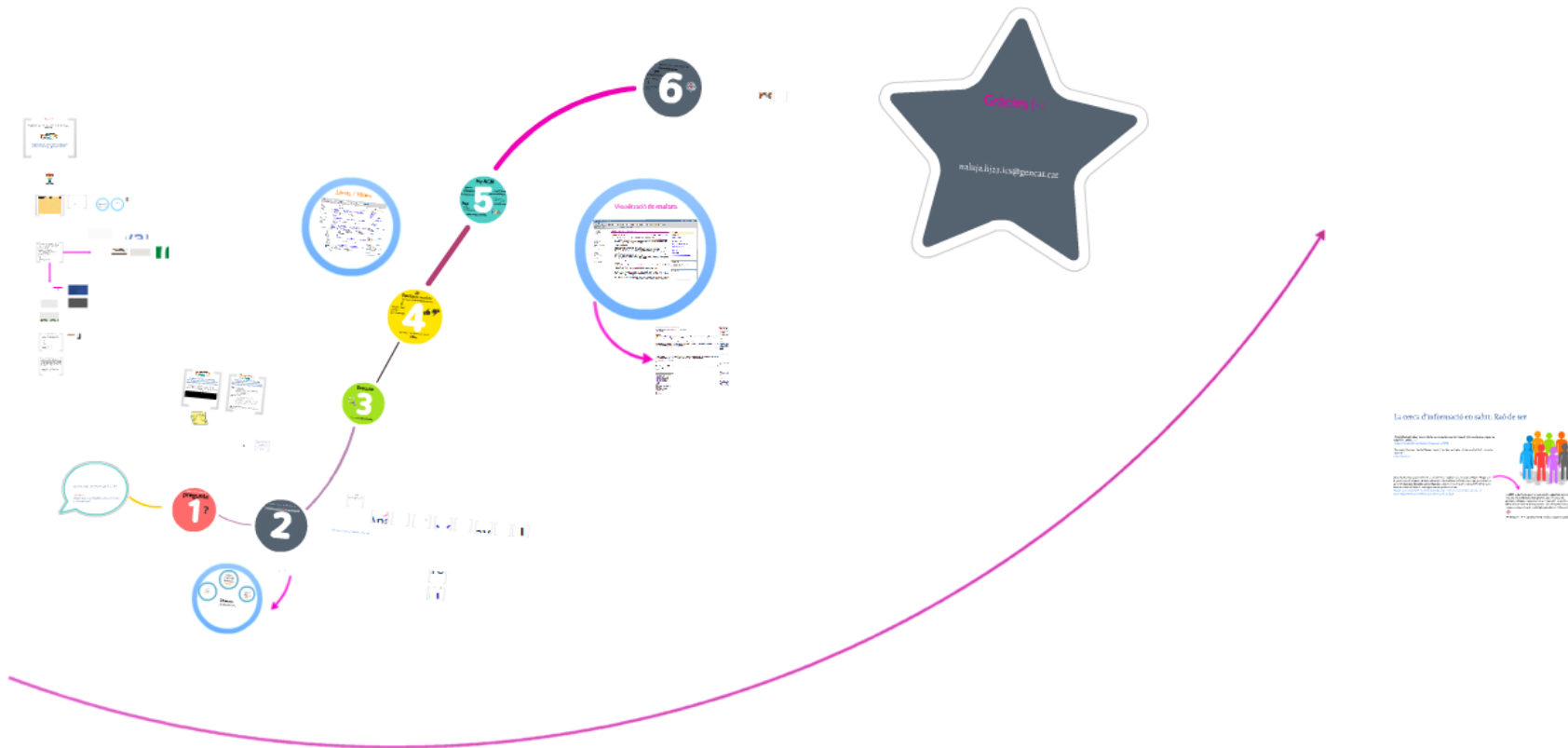


La cerca i l'accés a la **informació**

Quan necessito informació, què he de fer?



18/6/2015



HJ23

Hospital Universitari **Joan XXIII**
ICS Camp de Tarragona

Quan necessito informació què he de fer?

Noemí Aluja Llorc

Bibliotecària i documentalista a l'Hospital Universitari Joan XXIII de Tarragona

a/e naluja.hj23.ics@gencat.cat

La cerca d'informació en salut: Raó de ser

“El significat del saber ha canviat de ser capaç de recordar i repetir informació a ser capaç de trobar-la i utilitzar-la”

Herbert Simon–(Premi Nobel d'Economia el 1978)

“No necessito saber-ho tot. Només necessito saber on trobar el que em faci falta, quan ho necessiti”.

Albert Einstein

*La gestió del coneixement dins de les institucions sanitàries és una necessitat per tal que els i les professionals disposin de fonts adequades i actualitzades d'informació que garanteixin la presa de **decisions basades en l'evidència**, i això els permeti millorar la qualitat de la seva tasca assistencial, docent, investigadora i de gestió sanitària.*


ORDRE SLT/506/2009, de 18 de novembre, per la qual es crea el Programa per al desenvolupament de la Biblioteca de Ciències de la Salut.



La **MBE** es defineix com l'ús conscient i explícit de les millors i més actuals evidències (fets provats) per a la presa de decisions clíniques sobre la cura dels pacients. Aquesta es diferencia netament de la pràctica clínica basada en la tradició i experiència ocasional, sovint plegada d'errors sistemàtics.



IMPRESCINDIBLE: coneixements mèdics i experiència clínica.



La **MBE** es defineix com l'ús conscient i explícit de les millors i més actuals evidències (fets provats) per a la presa de decisions clíniques sobre la cura dels pacients. Aquesta es diferencia netament de la pràctica clínica basada en la tradició i experiència ocasional, sovint plegada d'errors sistemàtics.



IMPREScindible: coneixements mèdics i experiència clínica.

Cas pràctic

L'equip de metges i infermeria del servei de Cardiologia es plantegen ...



Mesures de prevenció de l'accident cerebrovascular en pacients amb agents anticoagulants per a fibril·lació auricular.

Com formular la
pregunta

1 **?**



Mesures de prevenció de l'accident cerebrovascular en pacients amb agents anticoagulants per a fibril·lació auricular.

Per tal de realitzar l'estratègia de cerca és recomenable transformar la necessitat en format PICO:

PICO

Pacient o problema	Intervenció	Comparador (opcional)	Outcome (resultats)
En pacients amb tractaments anticoagulants per a fibril·lació auricular	mesures preventives		d'accident cerebrovascular



Escriu la necessitat d' **informació**

Identifica els  conceptes **clau**

Identifica paraules clau que defineixin els **conceptes**

sinònims

Ull amb els **parèntesis**

* \$ truncament

"" per cercar frases

Limits / Filtres

combina les paraules amb
AND OR NOT

?



Mesures de prevenció de l'accident cerebrovascular en pacients amb agents anticoagulants per a fibril·lació auricular.

①

conceptes clau:

- Accident cerebrovascular / prevenció
- fibril·lació auricular
- agents anticoagulants

②

paraules clau:

- stroke, cerebrovascular accident, cerebrovascular accidents...
- atrial fibrillation, auricular fibrillation, AF
- anticoagulants, anticoagulant agents, noms dels agents...

③

combinació dels termes mitjançant operadors booleans.

OPERADORS BOOLEANS : per combinar termes

AND – recupera articles /cites que continguin tots els termes

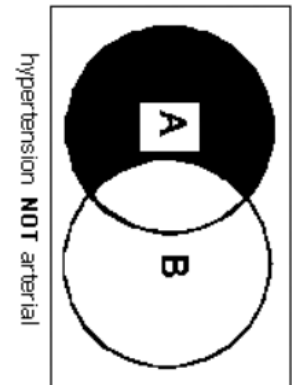
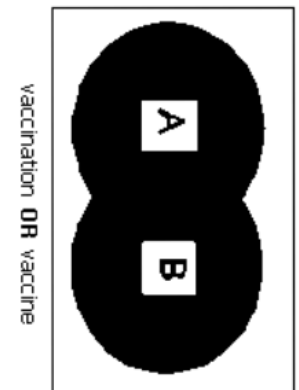
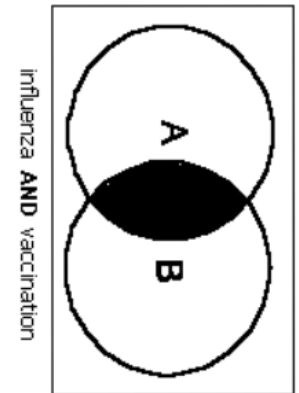
Ex.: stroke AND anticoagulant*

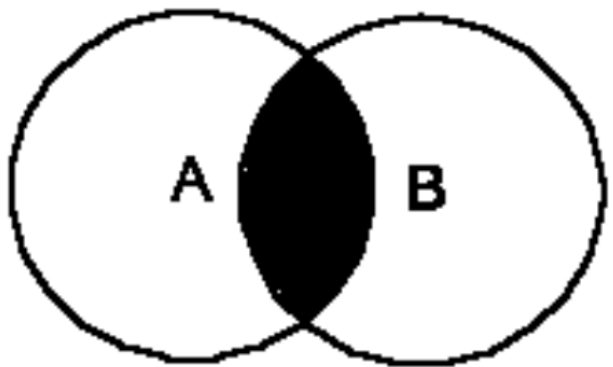
OR – recupera articles/cites que continguin almenys un dels termes, sovint han d'anar tancats entre parèntesis abans d'ajuntar-ho a la resta de termes. Sinònims!

Ex.: (stroke OR "cerebrovascular accident")

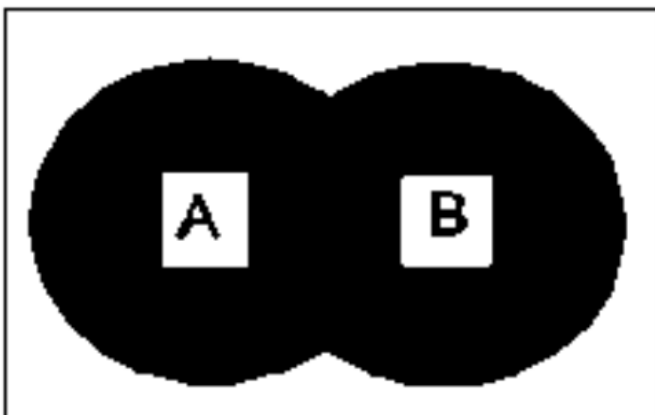
NOT – exclou les cites que continguin el terme precedit de NOT

Ex.: drugs NOT antibiotics

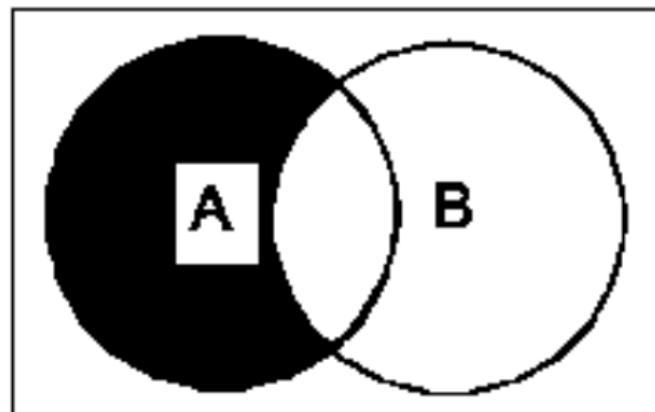




influenza **AND** vaccination



vaccination **OR** vaccine



hypertension **NOT** arterial

sels

ays un
ntesis

!

ecedit

Identifica els recursos a consultar per trobar la

informació + pertinent

2

La pirámide de las 6 S de la evidencia

Tipos de recursos

Sistemas de soporte de decisión por ordenador

Libros de texto basados en la evidencia; guías de práctica clínica basadas en la evidencia

Publicaciones de resúmenes basados en la evidencia

Revisiones sistemáticas

Publicaciones de resúmenes basados en la evidencia

Artículos originales



Ejemplos de recursos

No existen

- National Guidelines Clearinghouse
- NICE
- Up ToDate

- Evidence Based Medicine
- Bandolier
- ACP Journal Club

- Cochrane Database of Systematic Reviews
- Revisiones sistemáticas en PubMed

- ACP Journal Club

- TRIP Database
- Pubmed

{DiCenso et al., 2009, Ann Intern Med, 151, JC3-2, JC3-3}

Bases de dades generals

PubMed

Ovid
MEDLINE

Medline
EBSCO search

CLINICAL KEY

CINAHL

Cuidatge

CUIDEN
plus

ENfermeria
FISioterapia
POdologia

Sumarios IME
Biomedicina
CSIC

medes
FUNDACION
MEDICINA EN ESPAÑOL

Dialnet
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ibecs

PEDro
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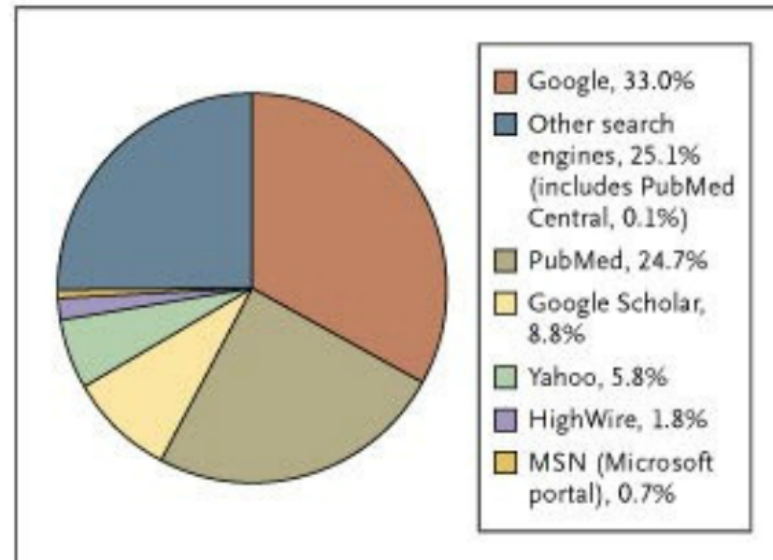


la cerca d' **informació**

Google

Google
acadèmic

Referrals from Search Engines to Web Sites of 900 Journals
Hosted by HighWire Press.



N Engl J Med 2006;354:2393-2393.





Aproximadament 1.080.000 resultats (0,29 segons)

Articles acadèmics per atrial fibrillation stroke prevention

... atrial fibrillation: Stroke Prevention in Atrial Fibrillation ... - Stroke Prevention in Atrial ... - Citat per 704

... atrial fibrillation: Stroke Prevention in Atrial Fibrillation ... - Stroke Prevention in Atrial ... - Citat per 710

... and Risk Factors in Atrial Fibrillation (ATRIA) Study - Go - Citat per 4162

Stroke Prevention in Atrial Fibrillation - Circulation

circ.ahajournals.org/content/125/16/e588.full ▾ Tradueix aquesta pàgina

per CT Ruff - 2012 - Citat per 1 - Articles relacionats

Stroke Prevention in Atrial Fibrillation. Christian T. Ruff, MD ... Atrial fibrillation (also called AF or A Fib) is the most common abnormal heart rhythm or arrhythmia.

[PDF] Stroke Prevention in Atrial Fibrillation - AHRQ Effective ...

www.effectivehealthcare.ahrq.gov/.../stroke-atrial-fibrillation-report-130... ▾

Comparative Effectiveness Review. Number 123. Stroke Prevention in Atrial Fibrillation. Prepared for: Agency for Healthcare Research and Quality.

Stroke Prevention in Atrial Fibrillation Study. Final results.

www.ncbi.nlm.nih.gov/pubmed/1860198 ▾ Tradueix aquesta pàgina

METHODS AND MAIN RESULTS: The Stroke Prevention in Atrial Fibrillation Study, a multicenter, randomized trial, compared 325 mg/day aspirin (double-blind) ...

Afib-Stroke Connection | Stroke.org

www.stroke.org/...stroke/preventing-stroke/afib-... ▾ Tradueix aquesta pàgina

To help raise awareness about the association between Afib and the increased risk of stroke, National Stroke Association has developed the Afib-Stroke ...

Preventing a Stroke Crisis: Atrial Fibrillation

www.preventaf-strokecrisis.org/ ▾ Tradueix aquesta pàgina

The most common heart rhythm disorder, atrial fibrillation (AF), can silently cause fatal and severely debilitating strokes. About 1.5 million people in the UK have ...

Chapter 6 - Treating AF and preventing stroke - Preventing a ...

www.preventaf-strokecrisis.org/report/chapter6 ▾ Tradueix aquesta pàgina

Vés directament a The outlook for stroke prevention in patients with atrial ... - The outlook for stroke prevention in patients with atrial ...

Busca articles



amb **totes** les paraules

amb la **frase exacta**

amb **almenys una** de les paraules

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al títol de l'article

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p.ex., J Biol Quim o Naturals

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2000 — 2015

p.ex., 1996



Articles

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En qualsevol moment

Des de 2015

Des de 2014

Des de 2011

Interval específic...

Ordena per rellevància

Ordena per data

 patents incloses inclou cites Crea una alerta**Consell:** Cerca només resultats en **català** . Podeu especificar l'idioma de cerca a Configuració de Google Acadèmic..**Warfarin versus aspirin for prevention of thromboembolism in atrial fibrillation: Stroke Prevention in Atrial Fibrillation II Study****Stroke Prevention in Atrial Fibrillation** Investigators - *The Lancet*, 1994 - ElsevierAbstract Warfarin is an established treatment for **prevention** of ischaemic **stroke** in patients with **atrial fibrillation**, but the value of this agent relative to aspirin is unclear. In the first **Stroke Prevention in Atrial Fibrillation** (SPAF-I) study, direct comparison of warfarin with ...

Citat per 704 Articles relacionats Totes les 3 versions Cita Desa

... warfarin versus low-intensity, fixed-dose warfarin plus aspirin for high-risk patients with atrial fibrillation: Stroke Prevention in Atrial Fibrillation III randomised clinical ...**Stroke Prevention in Atrial Fibrillation** Investigators - *The Lancet*, 1996 - ElsevierBACKGROUND: Adjusted-dose warfarin is highly efficacious for **prevention** of ischaemic **stroke** in patients with **atrial fibrillation** (AF). However, this treatment carries a risk of bleeding and the need for frequent medical monitoring. We sought an alternative that would be ...

Citat per 710 Articles relacionats Totes les 2 versions Cita Desa

... atrial fibrillation in adults: national implications for rhythm management and stroke prevention: the AnTicoagulation and Risk Factors in Atrial Fibrillation (ATRIA) StudyAS Go, EM Hylek, KA Phillips, YC Chang... - *Jama*, 2001 - jama.jamanetwork.comObjective To estimate prevalence of **atrial fibrillation** and US national projections of the numbers of persons with **atrial fibrillation** through the year 2050. Design, Setting, and Patients Cross-sectional study of adults aged 20 years or older who were enrolled in a ...

Citat per 4162 Articles relacionats Totes les 12 versions Cita Desa

Ximelagatran vs warfarin for stroke prevention in patients with nonvalvular atrial fibrillation: a randomized trial.GW Albers, HC Diener, L Frison, M Grind, M Nevinson... - *Jama*, 2005 - europepmc.orgCONTEXT: In patients with nonvalvular **atrial fibrillation**, warfarin prevents ischemic **stroke**, but dose adjustment, coagulation monitoring, and bleeding limit its use. OBJECTIVE: To compare the efficacy of the oral direct thrombin inhibitor ximelagatran with warfarin for ...

Citat per 715 Articles relacionats Totes les 5 versions Cita Desa Més

Warfarin versus aspirin for stroke prevention in an elderly community population with atrial fibrillation (the Birmingham Atrial Fibrillation Treatment of the Aged Study, ...J Mant, [FDR Hobbs](#), K Fletcher, A Roalfe... - *The Lancet*, 2007 - ElsevierBACKGROUND: Anticoagulants are more effective than antiplatelet agents at reducing **stroke** risk in patients with **atrial fibrillation**, but whether this benefit outweighs the increased risk of bleeding in elderly patients is unknown. We assessed whether warfarin reduced ...

Citat per 1111 Articles relacionats Totes les 11 versions Cita Desa

[\[PDF\] de cnki.net](#)[\[PDF\] de wisc.edu](#)



PubMed és la base de dades bibliogràfica de la National Library of Medicine dels Estats Units. Permet l'accés gratuït a bases de dades compilades per la NLM: MEDLINE, PreMEDLINE (cites recents enviades pels editors), Genbak i Complete Genoma.

MEDLINE és la principal base de dades de la NLM i abarca els camps de la biomedicina i salut que engloba també parts de ciències de la vida, ciències del comportament, ciències químiques i bioenginyeria.

Actualment inclou més de 24 milions de registres d'articles biomèdics des de l'any 1947 fins a l'actualitat que provenen de 5.600 revistes de tot el món.



Constuim la cerca a Medline / Pubmed

Cerca a través del thesaurus
"MESH"

Cerca bàsica
"ràpida"



Clinical Queries
"MBE"

Diverses
opcions de cerca

PubMed

Cerca bàsica "ràpida"

The screenshot shows a PubMed search results page. The search query is "oral fibrillation stroke prevention". The results are sorted by relevance, showing 1 to 20 of 5129 results. The first two results are:

1. [Non-orofunctional Carotid Stenosis and Stroke: Case Report and Literature Review](#)
Kulsh A, Kaur H, Shi C.
J Stroke Cerebrovasc Dis. 2015 Jun 3; pii S1525-2017(15)0007-4. doi: 10.1097/JSC.0000000000000164. Epub ahead of print.
PMID: 26070190
2. [Fibrinolytic therapy after stroke prevention: A meta-analysis](#)
Choi HW, Kim JH, Ahn SB, et al.
J Stroke Cerebrovasc Dis. 2015 Jun 3; pii S1525-2017(15)0007-4. doi: 10.1097/JSC.0000000000000164. Epub ahead of print.
PMID: 26070190

The interface includes a search bar, filters for article types, and a "Results by year" bar chart.

lapina

Article types

- Clinical Trial
- Review
- Customize ...

Text availability

- Abstract
- Free full text
- Full text

PubMed Commons

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- Trending articles

Publication dates

- 5 years

Summary 20 per page Sort by Most Recent

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Filters: [Manage Filters](#)

Results: 1 to 20 of 5129

<< First < Prev Page 1 of 257 Next > Last >>

[Noncompaction Cardiomyopathy and Stroke: Case Report and Literature Review.](#)

1. Kulhari A, Kalra N, Sila C.
J Stroke Cerebrovasc Dis. 2015 Jun 3. pii: S1052-3057(15)00207-4. doi: 10.1016/j.jstrokecerebrovasdis.2015.04.014. [Epub ahead of print]
PMID: 26050193

[Thrombus deflector stent for stroke prevention: A simulation study.](#)

2. Choi HW, Navia JA, Kassab GS.
J Biomech. 2015 May 22. pii: S0021-9290(15)00283-3. doi: 10.1016/j.jbiomech.2015.05.006. [Epub ahead of print]
PMID: 26049978

New feature

Try the new Display Settings option -
Sort by Relevance

Results by year



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través del
thesaurus
"MESH"



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1.usa.gov/1766yp3

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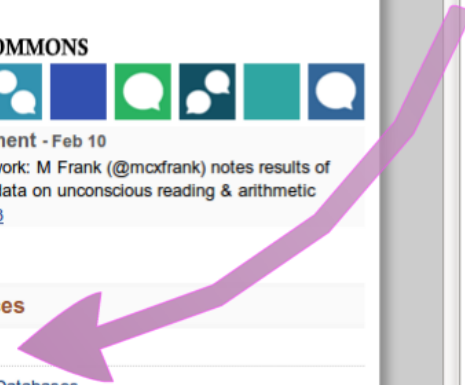
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MeSH

Mesh és un vocabulari controlat de termes biomèdics (actualitzat anualment) que identifica el contingut de cada article. L'ús del Mesh dona consistència i uniformitat a la base de dades. El Mesh a més a més de ser utilitzat per la indexació dels articles també pot ser utilitzat per construir cerques.

All MeSH Categories

PubMed search builder options

Restrict to MeSH Major Topic.

Tree Number(s): 0

All MeSH Categories

- [Analytical, Diagnostic and Therapeutic Techniques and Equipmen](#)
- [Anatomy Category](#) +
- [Anthropology, Education, Sociology and Social Phenomena Cate](#)
- [Check Tags Category](#) +
- [Chemicals and Drugs Category](#) +
- [Disciplines and Occupations Category](#) +
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- [Persons Category](#) +
- [Pharmacological Actions Category](#) +
- [Phenomena and Processes Category](#) +
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MeSH

MeSH ▾

stroke

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Results: 15

[Stroke](#)

1. A group of pathological conditions characterized by sudden, non-convulsive loss of neurological function due to BRAIN ISCHEMIA or INTRACRANIAL HEMORRHAGES. **Stroke** is classified by the type of tissue NECROSIS, such as the anatomic location, vasculature involved, etiology, age of the affected individual, and hemorrhagic vs. non-hemorrhagic nature. (From Adams et al., Principles of Neurology, 6th ed, pp777-810)

Year introduced: 2008 (2000)

[Stroke, Lacunar](#)

2. **Stroke** caused by lacunar infarction or other small vessel diseases of the brain. It features hemiparesis (see PARESIS), hemisensory, or hemisensory motor loss.

Year introduced: 2012

[National Institute of Neurological Disorders and Stroke](#)

3. Component of the NATIONAL INSTITUTES OF HEALTH. It supports and conducts research, both basic and clinical, on the normal and diseases nervous system. It was established in 1950.

Year introduced: 2009

[Heat Stroke](#)

4. A condition caused by the failure of body to dissipate heat in an excessively hot environment or during PHYSICAL EXERTION in a hot environment. Contrast to HEAT EXHAUSTION, the body temperature in heat **stroke** patient is dangerously high with red, hot skin accompanied by DELUSIONS; CONVULSIONS; or COMA. It can be a life-threatening emergency and is most common in infants and the elderly.

Year introduced: 1996

[Stroke Volume](#)

5. The amount of BLOOD pumped out of the HEART per beat, not to be confused with cardiac output (volume/time). It is calculated as the difference between the end-diastolic volume and the end-systolic volume.

Year introduced: 1986(1979)

[MELAS Syndrome](#)

6. A mitochondrial disorder characterized by focal or generalized seizures, episodes of transient or persistent neurologic dysfunction resembling strokes, and ragged-red fibers on muscle biopsy. Affected individuals tend to be normal at birth through early childhood, then experience growth failure, episodic vomiting, and recurrent cerebral insults resulting in visual loss and hemiparesis. The cortical lesions tend to occur in the parietal and occipital lobes and are not associated with vascular occlusion. VASCULAR HEADACHE is frequently associated and the disorder tends to be familial. (From Joynt, Clinical Neurology, 1992, Ch56, p117)

Year introduced: 1993

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Add to search builder

AND ▾

Search PubMed

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Database:

Find Items

Search details

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🔍 stroke (15)

MeSH

📄 Stroke

MeSH

🔍 cerebrovascular accident (1)

MeSH

🔍 stoke (0)

MeSH

📄 All MeSH Categories

MeSH

MeSH MeSH Search Limits Advanced Help

Display Settings: Full

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Stroke

A group of pathological conditions characterized by sudden, non-convulsive loss of neurological function due to BRAIN ISCHEMIA or INTRACRANIAL HEMORRHAGES. Stroke is classified by the type of tissue NECROSIS, such as the anatomic location, vasculature involved, etiology, age of the affected individual, and hemorrhagic vs. non-hemorrhagic nature. (From Adams et al., Principles of Neurology, 6th ed, pp777-810) Year introduced: 2008 (2000)

PubMed search builder options

Subheadings:

- analysis
- anatomy and histology
- blood
- cerebrospinal fluid
- chemically induced
- classification
- complications
- congenital
- cytology
- diagnosis
- diet therapy
- drug therapy
- economics
- embryology
- enzymology
- epidemiology
- ethnology
- etiology
- genetics
- history
- immunology
- metabolism
- microbiology
- mortality
- nursing
- organization and administration
- parasitology
- pathology
- physiology
- physiopathology
- prevention and control
- psychology
- radiography
- radionuclide imaging
- radiotherapy
- rehabilitation
- statistics and numerical data
- surgery
- therapy
- ultrasonography
- urine
- veterinary
- virology

Restrict to MeSH Major Topic.

Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C10.228.140.300.775, C14.907.253.855

MeSH Unique ID: D020521

Entry Terms:

- Strokes
- Apoplexy
- CVA (Cerebrovascular Accident)
- CVAs (Cerebrovascular Accident)
- Cerebrovascular Accident

PubMed Search Builder

```
"Stroke/prevention and control"
[Majr] OR stroke[ti] OR
(cerebrovascular[ti] AND
accident*[ti])
```

Add to search builder AND

Search PubMed

YouTube Tutorial

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- Stroke MeSH
- stroke (15) MeSH
- (((("Stroke/prevention and control"[Majr] OR stroke[ti] OR (cerebr... (1973) PubMed
- "Stroke/prevention and control"[Majr] OR stroke[ti] OR (cerebrova... (74223) PubMed
- "Stroke/prevention and control"[Majr] OR stroke[ti] OR (cerebrova... (69294) PubMed

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<< First < Prev Page of 3465 Next > Last >>

- [Change in cognitive performance is associated with functional recovery during post-acute stroke rehabilitation: a multi-centric study from intermediate care geriatric rehabilitation units of Catalonia.](#)
 Pérez LM, Inzitari M, Roqué M, Duarte E, Vallés E, Rodó M, Gallofré M.
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- [Noncompaction Cardiomyopathy and Stroke: Case Report and Literature Review.](#)
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 PMID: 26050193
- [Do measures of reactive balance control predict falls in people with stroke returning to the community?](#)
 3. Mansfield A, Wong JS, McIlroy WE, Biasin L, Brunton K, Bayley M, Inness EL.
 Physiotherapy. 2015 Mar 25. pii: S0031-9406(15)03234-4. doi: 10.1016/j.physio.2015.01.009. [Epub ahead of print]
 PMID: 26050134
- [Efficacy of Feedback-Controlled Robotics-Assisted Treadmill Exercise to Improve Cardiovascular Fitness Early After Stroke: A Randomized Controlled Pilot Trial.](#)
 4. Stoller O, de Bruin ED, Schindelholz M, Schuster-Amft C, de Bie RA, Hunt KJ.
 J Neurol Phys Ther. 2015 Jun 3. [Epub ahead of print]
 PMID: 26050073
- [Thrombus deflector stent for stroke prevention: A simulation study.](#)
 5. Choi HW, Navia JA, Kassab GS.
 J Biomech. 2015 May 22. pii: S0021-9290(15)00283-3. doi: 10.1016/j.jbiomech.2015.05.006. [Epub ahead of print]
 PMID: 26049978
- [A patient with acute aortic dissection presenting with bilateral stroke - A rare experience.](#)
 6. Kowalska-Brozda O, Brozda M.
 Neurol Neurochir Pol. 2015 May-Jun;49(3):197-202. doi: 10.1016/j.pjnns.2015.04.009. Epub 2015 May 6.
 PMID: 26048610
- [Hemorrhagic stroke, cerebral amyloid angiopathy, Down syndrome and the Boston criteria.](#)
 7. Jastrzębski K, Kacperska MJ, Majos A, Grodzka M, Głabiński A.

New feature

Try the new Display Settings option - [Sort by Relevance](#)

Results by year



Titles with your search terms

Heart disease **and stroke** statistics—2014 update: a report from the Amer [Circulation. 2014]

Guidelines for the early management of patients with acute ischemic **stroke**: a guid [Stroke. 2013]

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Atrial Fibrillation

Abnormal cardiac rhythm that is characterized by rapid, uncoordinated firing of electrical impulses in the upper chambers of the heart (HEART ATRIA). In such case, blood cannot be effectively pumped into the lower chambers of the heart (HEART VENTRICLES). It is caused by abnormal impulse generation.

Year introduced: 1984

PubMed search builder options

[Subheadings:](#)

- | | | |
|--|--|--|
| <input type="checkbox"/> analysis | <input type="checkbox"/> epidemiology | <input type="checkbox"/> physiopathology |
| <input type="checkbox"/> anatomy and histology | <input type="checkbox"/> ethnology | <input type="checkbox"/> prevention and control |
| <input type="checkbox"/> blood | <input type="checkbox"/> etiology | <input type="checkbox"/> psychology |
| <input type="checkbox"/> chemically induced | <input type="checkbox"/> genetics | <input type="checkbox"/> radiography |
| <input type="checkbox"/> classification | <input type="checkbox"/> history | <input type="checkbox"/> radionuclide imaging |
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| <input type="checkbox"/> congenital | <input type="checkbox"/> metabolism | <input type="checkbox"/> rehabilitation |
| <input type="checkbox"/> cytology | <input type="checkbox"/> microbiology | <input type="checkbox"/> statistics and numerical data |
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| <input type="checkbox"/> diet therapy | <input type="checkbox"/> nursing | <input type="checkbox"/> therapy |
| <input type="checkbox"/> drug therapy | <input type="checkbox"/> organization and administration | <input type="checkbox"/> ultrasonography |
| <input type="checkbox"/> economics | <input type="checkbox"/> parasitology | <input type="checkbox"/> urine |
| <input type="checkbox"/> embryology | <input type="checkbox"/> pathology | <input type="checkbox"/> veterinary |
| <input type="checkbox"/> enzymology | <input type="checkbox"/> physiology | <input type="checkbox"/> virology |

- Restrict to MeSH Major Topic.
- Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C14.280.067.198, C23.550.073.198

MeSH Unique ID: D001281

Entry Terms:

- Atrial Fibrillations
- Fibrillation, Atrial
- Fibrillations, Atrial
- Familial Atrial Fibrillation
- Auricular Fibrillation
- Auricular Fibrillations
- Fibrillation, Auricular

PubMed Search Builder

```
"Atrial Fibrillation"[Mesh] OR
((atrial[ti] OR auricular[ti]) AND
fibrillation*[ti])
```

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- Atrial Fibrillation MeSH
- atrial fibrillation (10) MeSH
- "Stroke/prevention and control"[Mesh] OR stroke[tiab] OR (cerebro... (167015) PubMed
- "Stroke/prevention and control"[Mesh] OR (stroke[ti] OR "cerebrov... (33130) PubMed
- "Stroke/prevention and control"[Mesh] OR (stroke[ti] OR "cerebrov... (33130) PubMed

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PubMed

"Atrial Fibrillation"[Mesh] OR ((atrial[ti] OR auricular[ti]) AND fibrillation*[ti])

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- 10 years
- Custom range...

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- Other Animals

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Results: 1 to 20 of 40155

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- [Different spontaneous breathing trials in patients with atrial fibrillation.](#)
- 1. [Tseng YH, Tseng YC, Hsu HS, Chang SC.](#)
Rev Port Pneumol (2006). 2015 Jun 3. pii: S2173-5115(15)00095-0. doi: 10.1016/j.rppnen.2015.04.007. [Epub ahead of print]
PMID: 26049968
- [History of Hyperthyroidism and Long-Term Outcome of Catheter Ablation of Drug-Refractory Atrial Fibrillation.](#)
- 2. [Wongcharoen W, Lin YJ, Chang SL, Lo LW, Hu YF, Chung FP, Chong E, Chao TF, Duan DC, Chang YT, Lin CY, Liao JN, Lin YC, Chen YY, Chen SA.](#)
Heart Rhythm. 2015 Jun 3. pii: S1547-5271(15)00694-3. doi: 10.1016/j.hrthm.2015.06.004. [Epub ahead of print]
PMID: 26049050
- [Nocturnal hypoxia and the success rate of standard atrial fibrillation treatment: a case report.](#)
- 3. [Güçyetmez B, Atalan HK, Aloglu H, Kelebek A, Açıl T.](#)
J Med Case Rep. 2015 Jun 6;9(1):133. [Epub ahead of print]
PMID: 26048677 **Free Article**
- [Denser plasma clot formation and impaired fibrinolysis in paroxysmal and persistent atrial fibrillation while on sinus rhythm: Association with thrombin generation, endothelial injury and platelet activation.](#)
- 4. [Drabik L, Wołkow P, Undas A.](#)
Thromb Res. 2015 May 29. pii: S0049-3848(15)30006-2. doi: 10.1016/j.thromres.2015.05.028. [Epub ahead of print]
PMID: 26048399
- [Pulmonary vein measurements on pre-procedural CT/MR imaging can predict difficult pulmonary vein isolation and phrenic nerve injury during cryoballoon ablation for paroxysmal atrial fibrillation.](#)
- 5. [Ang R, Hunter RJ, Baker V, Richmond L, Dhinoja M, Sporton S, Schilling RJ, Pugliese F, Davies C, Earley M.](#)
Int J Cardiol. 2015 May 21;195:253-258. doi: 10.1016/j.ijcard.2015.05.089. [Epub ahead of print]
PMID: 26048388
- [The CHADS₂ and CHA₂DS₂-VASc scores for predicting ischemic stroke among East Asian patients with atrial fibrillation: A systemic review and meta-analysis.](#)
- 6. [Yiang Q, Chen S, Song K, Baietti M, Heng K, Lin CY](#)

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Results by year



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Dabigatran versus warfarin in patients with atrial fibrillation. [N Engl J Med. 2009]

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Edoxaban versus warfarin in patients with atrial fibrillation. [N Engl J Med. 2013]

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Review An evidence-based review of edoxaban and its role in stroke prevention [Core Evid. 2015]

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The Italian START-Register on Anticoagulation with Focus on Atrial Fibrillation [PLoS One. 2015]

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Anticoagulants

Agents that prevent clotting.

PubMed search builder options

[Subheadings:](#)

- | | | |
|---|--|--|
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| <input type="checkbox"/> adverse effects | <input type="checkbox"/> deficiency | <input type="checkbox"/> physiology |
| <input type="checkbox"/> agonists | <input type="checkbox"/> diagnostic use | <input type="checkbox"/> poisoning |
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| <input type="checkbox"/> chemistry | <input type="checkbox"/> metabolism | <input type="checkbox"/> toxicity |
| <input type="checkbox"/> classification | <input type="checkbox"/> organization and administration | <input type="checkbox"/> ultrastructure |
| <input type="checkbox"/> contraindications | <input type="checkbox"/> pharmacokinetics | <input type="checkbox"/> urine |

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Tree Number(s): D27.505.954.502.119

MeSH Unique ID: D000925

Entry Terms:

- Anticoagulant Agents
- Agents, Anticoagulant
- Anticoagulant Drugs
- Drugs, Anticoagulant
- Indirect Thrombin Inhibitors
- Inhibitors, Indirect Thrombin
- Thrombin Inhibitors, Indirect

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```
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```

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- agents, anticoagulant (11) MeSH
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- "Atrial Fibrillation"[Mesh] OR ((atrial[ti] OR auricular[ti]) AND... (40155) PubMed
- Atrial Fibrillation MeSH

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[Antithrombotic therapy in the anticoagulated patient undergoing percutaneous coronary intervention with coronary stenting.](#)

Jhagroe DA, Janssen PW, Ten Berg JM.
Curr Opin Cardiol. 2015 Jul;30(4):319-324.
PMID: 26049376

[Anticoagulation for percutaneous coronary intervention: a contemporary review.](#)

2. Damluji AA, Otalvaro L, Cohen MG.
Curr Opin Cardiol. 2015 Jul;30(4):311-318.
PMID: 26049375

[Practical Approach to VTE Management in Hospitalized Patients.](#)

3. Reddy P, Dupree L.
Am J Ther. 2015 Jun 5. [Epub ahead of print]
PMID: 26049254

[Anticoagulant Therapy in Patients with Cirrhosis.](#)

4. Intagliata NM, Northup PG.
Semin Thromb Hemost. 2015 Jun 6. [Epub ahead of print]
PMID: 26049069

[Rivaroxaban 10mg/d in severe renal failure does not prevent ischemic events in premonitory neurologic disease.](#)

5. Stöllberger C, Finsterer J.
Neurol Neurochir Pol. 2015 May-Jun;49(3):180-182. doi: 10.1016/j.pjnns.2015.04.002. Epub 2015 Apr 22.
PMID: 26048606

[Intracranial bleedings in patients on long-term anticoagulant treatment: Benefits from oral thrombin and factor Xa inhibitors in clinical practice.](#)

6. Łukasik M, Zawilska K, Undas A.
Neurol Neurochir Pol. 2015 May-Jun;49(3):171-179. doi: 10.1016/j.pjnns.2015.04.007. Epub 2015 May 7. Review.
PMID: 26048605

[New Oral Anticoagulants: Clinical Parameters and Uses in Practice.](#)

7. Metzger A, Nagaraj T.

New feature

Try the new Display Settings option - [Sort by Relevance](#)

Results by year

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Find related data

Database:

Search details

"Anticoagulants"[Mesh] OR
(anticoagulant[tiab] OR
anticoagulant'[tiab] OR
anticoagulant's[tiab] OR
anticoagulantactivity[tiab] OR
anticoagulant[tiab] OR

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🔍 "Anticoagulants"[Mesh] OR anticoagulant*[tiab] (85436) PubMed

🔍 (((("Anticoagulants"[Mesh] OR anticoagulant*[tiab])) AND ("Atrial ... (3423) PubMed

📄 Anticoagulants MeSH

🔍 agents, anticoagulant (11) MeSH

🔍 (("Atrial Fibrillation"[Mesh] OR ((atrial[ti] OR auricular[ti]) A... (6946) PubMed

PubMed Advanced Search Builder

YouTube Tutorial

((("Stroke/prevention and control"[Majr] OR stroke[ti] OR (cerebrovascular[ti] AND accident*[ti]))) AND ("Anticoagulants"[Mesh] OR anticoagulant*[tiab])) AND ("Atrial Fibrillation"[Mesh] OR ((atrial[ti] OR auricular[ti]) AND fibrillation*[ti]))

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Builder

All Fields "Stroke/prevention and control"[Majr] OR stroke[ti] OR (cerebrovascular[ti] AND accident*[ti] Show index list

AND All Fields "Anticoagulants"[Mesh] OR anticoagulant*[tiab] Show index list

AND All Fields "Atrial Fibrillation"[Mesh] OR ((atrial[ti] OR auricular[ti]) AND fibrillation*[ti]) Show index list

AND All Fields Show index list

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#29	Add	Search "Stroke/prevention and control"[Majr] OR stroke[ti] OR (cerebrovascular[ti] AND accident*[ti])	69294	16:43:11
#18	Add	Search "Anticoagulants"[Mesh] OR anticoagulant*[tiab]	85436	12:06:06
#14	Add	Search "Atrial Fibrillation"[Mesh] OR ((atrial[ti] OR auricular[ti]) AND fibrillation*[ti])	40155	11:34:59

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Stroke + atrial fibrillation + anticoagulant

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[The CHADS₂ and CHA₂DS₂-VASc scores for predicting ischemic stroke among East Asian patients with atrial fibrillation: A systematic review and meta-analysis.](#)
Xiong Q, Chen S, Senoo K, Proietti M, Hong K, Lip GY.
Int J Cardiol. 2015 May 21;195:237-242. doi: 10.1016/j.ijcard.2015.05.115. [Epub ahead of print]
PMID: 26048384


[New Oral Anticoagulants: Their Role in Stroke Prevention in High-Risk Patients with Atrial Fibrillation.](#)
Ferns SJ, Naccarelli GV.
Med Clin North Am. 2015 Jul;99(4):759-780. doi: 10.1016/j.mcna.2015.02.006. Epub 2015 Apr 11. Review.
PMID: 26042881
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Potpara TS, Larsen TB, Deharo JC, Rossvoll O, Dagnes N, Todd D, Pison L, Proclemer A, Purefellner H, Blomström-Lundqvist C; Conducted by the Scientific Initiatives Committee of the European Heart Rhythm Association (EHRA); Conducted by the Scientific Initiatives Committee of the European Heart Rhythm Association EHRA.
Europace. 2015 Jun;17(6):986-993. Review.
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[An evidence-based review of edoxaban and its role in stroke prevention in patients with nonvalvular atrial fibrillation.](#)
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[Efficacy and Harms of Direct Oral Anticoagulants in the Elderly for Stroke Prevention in Atrial Fibrillation and Secondary Prevention of Venous Thromboembolism: Systematic Review and Meta-Analysis.](#)
Sharma M, Cornelius VR, Patel JP, Davies JG, Molokhia M.
Circulation. 2015 May 20. pii: CIRCULATIONAHA.114.013267. [Epub ahead of print]

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[Atrial fibrillation in patients with cryptogenic stroke.](#) [N Engl J Med. 2014]
[Cost-effectiveness of apixaban, dabigatran, rivaroxaban, and warfarin for stroke prevention in an elderly community population.](#) [Stroke. 2013]
[Warfarin versus aspirin for stroke prevention in an elderly community population.](#) [Lancet. 2007]
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Mesures de prevenció de l'accident cerebrovascular en pacients amb agents anticoagulants per a fibril·lació auricular.

("Anticoagulants"[Mesh] OR anticoagulant*[tiab])
AND ("Atrial Fibrillation"[Mesh] OR ((atrial[ti] OR
auricular[ti]) AND fibrillation*[ti])) AND (Stroke/
prevention and control"[Majr] OR stroke[ti] OR
(cerebrovascular[ti] AND accident*[ti]))

Resultats al Pubmed per aquesta cerca:
1944 registres.

[08/06/2015]



Revisa els resultats
per veure si són rellevants o no.

i

afegeix o treu
termes,
si és necessari

4



Recorda que tens diverses opcions de

filtre

Limits / Filters

The screenshot shows a PubMed search results page for the query: ["Atrial Fibrillation"[Mesh] OR ((atria[ti] OR auricular[ti]) AND fibrillation*[ti])]. The page displays three search results, with the first one selected. An "Additional filters" dialog box is open, showing a list of filter categories with checkboxes for "Article types", "Text availability", "PubMed Commons", "Species", "Languages", "Sex", "Subjects", "Journal categories", "Ages", and "Search fields". The "Species" filter is currently checked. The search results list includes:

- 1. [The CHADS₂ and CHA₂-DS₂-VASc scores for predicting ischemic stroke among East Asian patients with atrial fibrillation: A systemic review and meta-analysis.](#)
Xiong Q, Chen S, Senoo K, Proietti M, Hong K, Lip GY. *Int J Cardiol.* 2015 May 21;195:237-242. doi: 10.1016/j.ijcard.2015.05.115. [Epub ahead of print] PMID: 26048384 [Similar articles](#)
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- 3. [Oral anticoagulant therapy for stroke prevention in patients with atrial fibrillation undergoing ablation: results from the First European Snapshot Survey on Procedural Routines for Atrial Fibrillation Ablation \(ESS-PRAFA\).](#)
in TB, Deharo JC, Rossvold O, Dagnes N, Todd D, Pison L, Proclemer A, Purefellner Jqvist C. Conducted by the Scientific Initiatives Committee of the European Heart in (EHRA). Conducted by the Scientific Initiatives Committee of the European Heart in EHRA. *Stroke.* 2015 Jun;46(6):986-993. Review. doi: 10.1161/STROKEAHA.115.11441. eCollection 2015. Review. [Free PMC Article](#)

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Visualització de resultats

The screenshot shows a PubMed search results page. At the top, the search query is: ("Atrial Fibrillation"[Mesh] OR ((atrial[ti] OR auricular[ti]) AND fibrillation*[ti])) Search. The results are displayed in a list format, with the first result highlighted. The result title is: "The CHADS2 and CHA2DS2-VASc scores for predicting ischemic stroke among East Asian patients with atrial fibrillation: A systemic review and meta-analysis." The authors listed are Xiong Q¹, Chen S², Senoo K³, Proietti M⁴, Hong K², Lip GY⁵. The abstract text is visible, starting with "BACKGROUND: Both the CHADS₂ and CHA₂DS₂-VASc scores are well-validated in Western populations for predicting risk of stroke among patients with atrial fibrillation (AF). There is some uncertainty as to which risk score is best to guide optimal anticoagulant therapy among Asian populations with AF." The page also includes navigation options like "Page 1 of 20" and various filters on the right side.

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Int J Cardiol. 2015 May 21;195:237-242. doi: 10.1016/j.ijcard.2015.05.115. [Epub ahead of print]

1. **The CHADS₂ and CHA₂DS₂-VASc scores for predicting ischemic stroke among East Asian patients with atrial fibrillation: A systemic review and meta-analysis.**
Xiong Q¹, Chen S², Senoo K³, Proietti M⁴, Hong K², Lip GY⁵.

Author information

¹University of Birmingham Centre for Cardiovascular Sciences, City Hospital, Birmingham, United Kingdom; Cardiovascular Department, The Second Affiliated Hospital of Nanchang University, China.
²Cardiovascular Department, The Second Affiliated Hospital of Nanchang University, China.
³University of Birmingham Centre for Cardiovascular Sciences, City Hospital, Birmingham, United Kingdom.
⁴University of Birmingham Centre for Cardiovascular Sciences, City Hospital, Birmingham, United Kingdom; I Clinica Medica, Sapienza-University of Rome, Rome, Italy.
⁵University of Birmingham Centre for Cardiovascular Sciences, City Hospital, Birmingham, United Kingdom; Aalborg Thrombosis Research Unit, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark. Electronic address: g.y.h.lip@bham.ac.uk.

Abstract

BACKGROUND: Both the CHADS₂ and CHA₂DS₂-VASc scores are well-validated in Western populations for predicting risk of stroke among patients with atrial fibrillation (AF). There is some uncertainty as to which risk score is best to guide optimal anticoagulant therapy among Asian populations with AF.

METHODS: A systemic literature search of Cochrane library, Scopus, and PubMed databases was conducted using search terms: atrial fibrillation, CHADS₂ and CHA₂DS₂-VASc. Stroke/thromboembolism (TE) outcome events at low, moderate, and high risk groups were compared in relation to both scores. Statistical analyses were performed using Revman 5.3 software.

RESULTS: 493 records were retrieved, of which 6 cohort studies focusing on patients from Asian regions were finally appraised and included. Absolute event rates were usually lower when patients were categorized as

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Stroke prevention in atrial fibrillation: a systematic review.

Lip GY¹, Lane DA².

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Abstract

IMPORTANCE: Atrial fibrillation (AF) is associated with an increase in mortality and morbidity, with a substantial increase in stroke and systemic thromboembolism. Strokes related to AF are associated with higher mortality, greater disability, longer hospital stays, and lower chance of being discharged home than strokes unrelated to AF.

OBJECTIVE: To provide an overview of current concepts and recent developments in stroke prevention in AF, with suggestions for practical management.

EVIDENCE REVIEW: A comprehensive structured literature search was performed using MEDLINE for studies published through March 11, 2015, that reported on AF and stroke, bleeding risk factors, and stroke prevention.

FINDINGS: The risk of stroke in AF is reduced by anticoagulant therapy. Thromboprophylaxis can be obtained with vitamin K antagonists (VKA, eg, warfarin) or a non-VKA oral anticoagulant (NOAC). Major guidelines emphasize the important role of oral anticoagulation (OAC) for effective stroke prevention in AF. Initially, clinicians should identify low-risk AF patients who do not require antithrombotic therapy (ie, CHA2DS2-VASc score, 0 for men; 1 for women). Subsequently, patients with at least 1 stroke risk factor (except when the only risk is being a woman) should be offered OAC. A patient's individual risk of bleeding from antithrombotic therapy should be assessed, and modifiable risk factors for bleeding should be addressed (blood pressure control, discontinuing unnecessary medications such as aspirin or nonsteroidal anti-inflammatory drugs). The international normalized ratio should be tightly controlled for patients receiving VKAs.

CONCLUSIONS AND RELEVANCE: Stroke prevention is central to the management of AF, irrespective of a rate or rhythm control strategy. Following the initial focus on identifying low-risk patients, all others with 1 or more stroke risk factors should be offered OAC.

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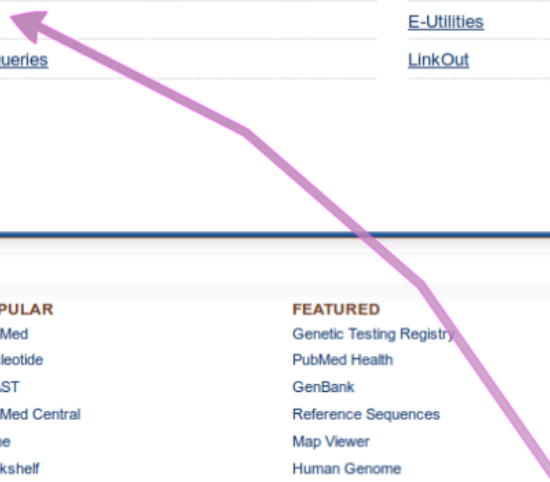
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Systematic Reviews

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The CHADS₂ and CHA₂DS₂-VASc scores for predicting ischemic stroke among East Asian patients with atrial fibrillation: A systemic review and meta-analysis.

Xiong Q, Chen S, Senoo K, Proietti M, Hong K, Lip GY. *Int J Cardiol*. 2015 May 21; 195:237-242. Epub 2015 May 21.

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Medical Genetics

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Randomised control trial: Using the Watchman device to close the left atrial appendage reduces risk of stroke in atrial fibrillation, compared to using warfarin

Martin J Swaans, Arash Alipour, Lucas V Boersma

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Randomised controlled trial: Prolonged cardiac monitoring after cryptogenic stroke superior to 24 h ECG in detection of occult paroxysmal atrial fibrillation

Daniel J Miller

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Systematic review and meta-analysis: Rate and rhythm control have comparable effects on mortality and stroke in atrial fibrillation but better data are needed

Dipak Kotecha, Paul Kirchhof

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Therapeutics

Systematic review and meta-analysis: Non-vitamin-K oral anticoagulants reduce mortality, stroke and intracranial haemorrhage when compared with warfarin in randomised trials of patients with non-valvular atrial fibrillation

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Randomised control trial

Using the Watchman device to close the left atrial appendage reduces risk of stroke in atrial fibrillation, compared to using warfarin

10.1136/ebmed-2014-110154

Martin J Swaans, Arash Alipour, Lucas V Boersma

Department of Cardiology, St Antonius Hospital, Nieuwegein, The Netherlands

Correspondence to: Dr Martin Swaans, Department of Cardiology, St Antonius Hospital, Koekoekslaan 1, 3435 CM Nieuwegein, The Netherlands; m.swaans@antoniuziekenhuis.nl

Commentary to: Reddy VY, Sievert H, Halperin J, *et al.*; PROTECT AF Steering Committee and Investigators. Percutaneous left atrial appendage closure vs warfarin for atrial fibrillation: a randomized clinical trial. *JAMA* 2014;312:1988–98.

Context

Atrial fibrillation (AF) is a common arrhythmia in clinical practice. The major complication of AF is thromboembolic stroke. Patients with AF have a fivefold higher risk of stroke and a twofold increase in mortality.¹ As complete cure for AF is never certain, the aims of AF therapy are symptom relief and prevention of thromboembolic events. The latter can be managed by vitamin-K-antagonists (VKA), but is accompanied by several disadvantages including increased risk of bleeding and the need for monitoring with regular lab work. New oral anticoagulants (NOAC) regimens are simpler but are still associated with bleeding risk.

These problems, added by the fact that the majority of thrombi originate from the left atrial appendage (LAA), have led to the strategy of mechanically sealing the LAA with the Watchman device to prevent thromboembolic events by excluding it from the systemic circulation.²

were fewer fatal or disabling strokes in the LAA-closure group. Secondary analysis also showed superiority in all-cause mortality (3.2%, (95% CI 2.5 to 4.2%) vs 4.8%, (95% CI 3.6 to 6.4%), which is a 34% RRR and 60% RRR in cardiovascular mortality (1%, (95% CI 0.6 to 1.5%) vs 2.4%, (95% CI 1.4 to 3.4%)). Causes of death were balanced between the groups, but those treated with warfarin were more likely to die from haemorrhagic stroke.

Commentary

The most intriguing finding of this study is that the direct positive effect of LAA-closure was driven by fewer haemorrhagic and cardiovascular deaths, while rates of ischaemic stroke in LAA-closure (1.4%, (95% CI 0.9 to 2.1%)) and warfarin patients (1.1%, (95% CI 0.5 to 1.7%)) did not differ; a surprising finding since the procedure was performed to prevent thromboembolic strokes. Apparently, other causes such as carotid/aortic atherosclerotic disease may still be substantial contributors. We postulate that LAA-closure-related thrombus formation and incomplete sealing, especially in the first months after implant may also cause thromboembolic strokes.

From safety point of view the long-term follow-up data show that although warfarin had a clear advantage with regard to the primary safety end point early after LAA-closure, at mean 3.8 years the difference in the number of events had equalised between the groups. With progress in operator's learning curve, one might expect that safety profile (catheter/device-related complications) may improve as shown in the Continued Access Protocol (CAP) Registry.⁴

Implications for practice

Long-term efficacy from this study and safety results of CAP and PREVAIL provide evidence that LAA-closure is a viable alternative to warfarin for stroke reduction in non-valvular AF.^{4 5} Our expectation is that the data on preventing ischaemic strokes would improve after better patient selection, especially excluding those with severe atherosclerosis in the carotid arteries/aorta. Improving safety by increased operator experience may improve the results for the LAA-closure. A future trial should be designed to compare LAA-closure versus NOAC.

Competing interests The Cardiology Department of St Antonius Hospital receives proctoring fees for training/educational services from Atritech/Boston Scientific.

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{DiCenso et al., 2009, Ann Intern Med, 151, JC3-2, JC3-3}

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Sumaris / Resums

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**Guía para la elección de
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Guía completa

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- Overview of atrial fibrillation**
- ▣ Treatment issues
 - ▣ Summary
 - 🔗 CHADS2 score and thromboembolic risk with and without warfarin (Tables)
 - 🔗 CHA2DS2-VASc score and stroke risk (Tables)

- Management of new onset atrial fibrillation**
- ▣ Rate control
 - ▣ Anticoagulation
 - ▣ Summary and recommendations
 - ▣ Restoration of sinus rhythm
 - 🔗 CHADS2 and CHA2DS2-VASc risk stratification nonvalvular AF (Tables)
 - 🔗 Algorithm for management of new onset AF (Algorithms)

- Paroxysmal atrial fibrillation**
- ▣ Natural history
 - ▣ Management of the arrhythmia
 - ▣ Summary
 - ▣ Anticoagulation
 - ▣ Pathogenesis

- Atrial fibrillation: Anticoagulant therapy to prevent embolization**
- ▣ Summary and recommendations
 - ▣ Our approach to anticoagulation
 - ▣ Specific patient groups
 - ▣ Clinical use of anticoagulants
 - ▣ Patients with valvular heart disease

- Epidemiology of and risk factors for atrial fibrillation**
- ▣ Chronic disease associations
 - ▣ Other factors
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 - ▣ Summary
 - ▣ Epidemiology

Antiarrhythmic drugs to maintain sinus rhythm in patients with atrial fibrillation:

Tabla de contenidos Mostrar Gráficos (14) ✕

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

PATIENTS WITH VALVULAR HEART DISEASE

IMPACT OF ANTICOAGULATION

- Reduction in stroke risk
- Increase in bleeding risk

ASSESSING INDIVIDUAL PATIENT RISK

- Estimating embolic risk
- Estimating bleeding risk

OUR APPROACH TO ANTICOAGULATION

- Decide on anticoagulation
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 - CHA2DS2-VASc score of 1
 - CHA2DS2-VASc score of 0
- Select an anticoagulant
- Initiate anticoagulant

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- Other antiplatelet regimens

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- Dosing of newer oral anticoagulants
- Temporary interruption of anticoagulation
- Reversal of anticoagulant effect
- Transition from NOAC to warfarin
- Transition to NOAC from warfarin
- Drug interactions

SPECIFIC PATIENT GROUPS

- Short duration PAF
- Chronic kidney disease
- Acute stroke
- Rhythm control
- Hyperthyroidism
- AF after cardiac surgery

Topic Outline

SUMMARY & RECOMMENDATIONS

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- PATIENTS WITH VALVULAR HEART DISEASE
- IMPACT OF ANTICOAGULATION
 - Reduction in stroke risk
 - Increase in bleeding risk
- ASSESSING INDIVIDUAL PATIENT RISK
 - Estimating embolic risk
 - Estimating bleeding risk
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 - Drug interactions
- SPECIFIC PATIENT GROUPS
 - Short duration PAF
 - Chronic kidney disease
 - Acute stroke
 - Rhythm control

Atrial fibrillation: Anticoagulant therapy to prevent embolization

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Literature review current through: May 2015. | **This topic last updated:** Mar 20, 2015.

INTRODUCTION — Development and subsequent embolization of atrial thrombi can occur with any form (ie, paroxysmal, persistent, or permanent) of atrial fibrillation (AF). (See ["Overview of atrial fibrillation", section on "General classification"](#).) While ischemic stroke is the most frequent clinical manifestation of embolization associated with AF, embolization to other locations in the systemic and pulmonary circulations also occurs, but is less commonly recognized. (See ["Stroke in patients with atrial fibrillation"](#).)

As a result of embolic risk, chronic oral anticoagulation is recommended for most AF patients. However, such therapy is associated with an increased risk of bleeding and recommendations for its use must take both benefit and risk into account.

Anticoagulant therapy for the prevention of embolic events in patients with AF will be reviewed here. Other related topics include:

- (See ["Prevention of embolization prior to and after restoration of sinus rhythm in atrial fibrillation"](#).)
- (See ["Stroke in patients with atrial fibrillation"](#).)
- (See ["Mechanisms of thrombogenesis in atrial fibrillation"](#).)
- (See ["Nonpharmacologic therapy to prevent embolization in patients with atrial fibrillation"](#).)

PATIENTS WITH VALVULAR HEART DISEASE — Many [1-10], but not all [11], of the major clinical trials of antithrombotic therapy and subsequent meta-analyses have excluded patients with any type of prosthetic heart valves, those with mitral stenosis, and those with decompensated valvular heart disease who were likely to require valve replacement in the near future. Based on these studies, the newer anticoagulants should not be prescribed for these patients. Anticoagulation in these patients is discussed separately. (See ["Antithrombotic therapy in patients with prosthetic heart valves"](#) and ["Medical management and indications for intervention for mitral stenosis"](#), section on ["Prevention of thromboembolism"](#).)

Some patients with valvular lesions (without heart failure) such as mitral valve prolapse, non-rheumatic moderate mitral regurgitation, or moderate or less aortic valvular conditions have been enrolled in the clinical trials of the newer anticoagulants. These trials also likely included a few patients (with or without heart failure) with severe valvular lesions who were not scheduled to undergo valve replacement. Until further evidence is available, we believe these newer drugs should be considered for these patients.

IMPACT OF ANTICOAGULATION — Many antithrombotic (anticoagulant and antiplatelet) strategies have been evaluated in clinical trials. These trials [1-7] and their meta-analyses [8-10] have demonstrated that among patients with atrial fibrillation (AF) at **moderate to high risk** of thromboembolic events (CHA₂-DS₂-VASc risk stratification score ≥2), **warfarin** significantly reduces the incidence of clinical stroke at an acceptable risk of bleeding compared to placebo. The benefit to risk ratio from oral anticoagulation in patients at **very low** (CHA₂-DS₂-VASc score of 0) and **low risk** (CHA₂-DS₂-VASc score of 1) has not been well studied ([table 1](#)). After discussing the benefits and risks with the patient, we anticoagulate some patients with the former and many patients with the latter.

Reduction in stroke risk — Anticoagulation reduces the risk of ischemic stroke (and other embolic events) by about two-thirds irrespective of baseline risk. In one contemporary study, the annual risk of ischemic stroke in untreated patients was 0.2, 0.6, and 2.2 for those with CHA₂-DS₂-VASc scores of 0, 1, and 2 [12].

The SPAF-I, SPAF-II, and SPAF-III trials, and AFASAK, BAATAF, SPINAF, and CAFA randomly assigned more than 4000 patients with nonvalvular or nonrheumatic AF to **warfarin**, placebo, or **aspirin** and demonstrated that anticoagulation with adjusted-dose warfarin significantly reduces clinical stroke risk when compared to placebo ([figure 1](#)) [1-6]. Overall, adjusted-dose warfarin reduces the risk of stroke by two-thirds compared to no anticoagulant therapy, with the expected degree of absolute benefit dependent on baseline risk ([table 2](#)) [7,8,13].

The **warfarin** versus placebo or **aspirin** trials were conducted in the early 1990s, raising concerns that the findings may not be able to be applied to current practice [14-16]. In an observational study (ATRIA), patients in a community-based, clinical practice cohort who

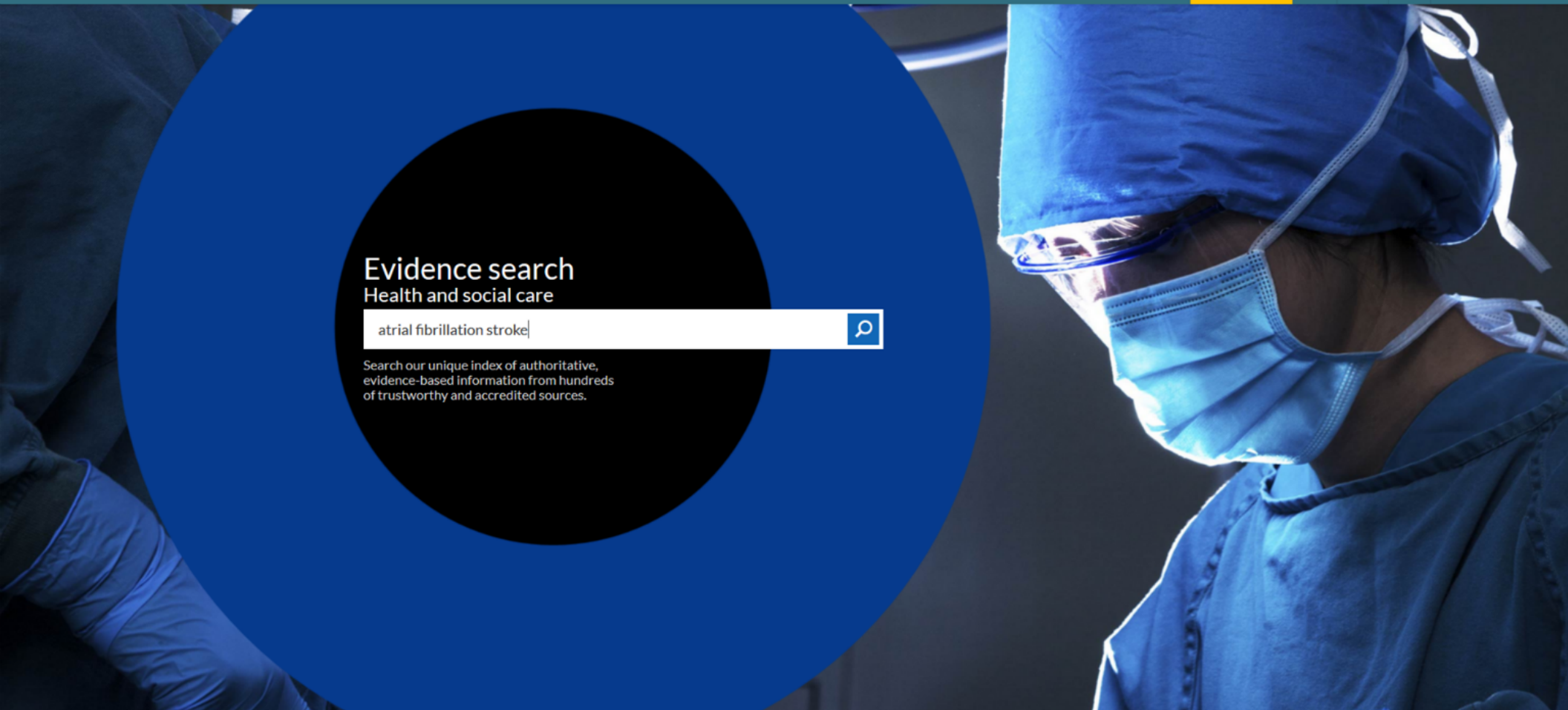
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 ...evidence on the nature of **atrial fibrillation** and the value placed on the...**fibrillation** were fear of having a **stroke** and anxiety about the difficulty...the patient experts that **stroke** is a major concern for people...**atrial fibrillation** and that **stroke** severity is usually greater...group than in people who have **strokes** from other causes. The patient...
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 ...the risk of **stroke** in people with **atrial fibrillation**. The trial... stable **atrial fibrillation** (on or off... minor **stroke** (on or off...prevention of **stroke** and systemic embolism in **atrial fibrillation**) increased...
 National Institute for Health and Care Excellence - NICE - 01 May 2012 - Guidance - Drug Best Practice Guidance
- Oral anticoagulants for preventing stroke in patients with non-valvular atrial fibrillation and no previous history of stroke or transient ischemic attacks**
 ...considered with ischemic **strokes**. (3) All disabling or fatal **stroke** (including both ischemic and hemorrhagic). **Strokes** were deemed fatal when death...from the consequences of **stroke**. 'Disabling' relied on...between studies. From the **Atrial Fibrillation** Investigators database...
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- Antiplatelet therapy for preventing stroke in patients with non-valvular atrial fibrillation and no previous history of stroke or transient ischemic attacks**
 ...were counted as ischemic **strokes**. (3) All disabling or fatal **stroke** (ischemic and hemorrhagic). **Strokes** were deemed fatal when death...from the consequences of **stroke**. 'Disabling' relied on...between studies. From the **Atrial Fibrillation** Investigators database...
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 ...with non-valvular **atrial fibrillation**. Our goals were...and no history of **stroke** or TIA. Our main...events: ischemic **strokes**, myocardial infarction...consisted of death due to **stroke**, heart disease...Composite outcome All **strokes** (disabling and non...days from onset of **stroke** symptoms. Search...also contacted the **Atrial Fibrillation** Collaboration (AFI...
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