

Double high risk atrial fibrillation patient's

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Atrial fibrillation is the most frequent arrhythmia which must be managed properly. As part of the evaluation and treatment, preventing embolism is a key in these patients. The two groups of drugs used to prevent embolism are oral anticoagulants and antiplatelets. The major secondary effect of both of these agents is bleeding, so a balance between preventing embolism and avoiding bleeding must be achieved. To make the correct decision scale CHA₂DS₂-VASc will help in the aid of embolism prevention and HASBLED scale will help in the bleeding evaluation. CHA₂DS₂-VASc punctuation equal or over 2 indicates necessity for oral anticoagulation and HASBLED equal or over 3 indicates a high risk of bleeding. The situation of high risk of embolism and high

risk of bleeding is not infrequent and requires a correct management.

To give response to the question of what to do with patients with atrial fibrillation with a high risk of embolism and a high risk of bleeding, the main guidelines were reviewed: European Society of Cardiology [1], Up-to-date [2], American College of Cardiology/American Heart Association [3], National Institute for Health and Care Excellence (NICE) [4] and Cochrane Database [5,6]. The conclusions are that the new oral anticoagulants (apixaban, rivaroxaban and dabigatran) are the treatment of choice in these cases because the risk of bleeding of the new oral anticoagulants is lower when compared to warfarin and high risk of bleeding is not a reason for anticoagulant therapy exclusion.

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