



# Atrial fibrillation: current treatment with anticoagulation

NICE indicator

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[www.nice.org.uk/indicators/ind128](https://www.nice.org.uk/indicators/ind128)

## Indicator

In those patients with atrial fibrillation with a record of a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy.

## Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

## Rationale

Untreated atrial fibrillation is a significant risk factor for stroke and other morbidities. Anticoagulation therapy can help to prevent strokes by reducing the likelihood of a blood clot forming. NICE recommends offering anticoagulation to people with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 2 or more. This indicator aims to support treatment with anticoagulation drug therapy in patients with atrial fibrillation.

## Source guidance

Atrial fibrillation: diagnosis and management. NICE guideline 196 (2021), recommendations 1.6.3 and 1.6.5

## Specification

**Numerator:** The number of patients in the denominator who were prescribed oral anticoagulants in the 6 months leading up to and including the payment period end date.

**Denominator:** The number of patients with most recent CHA<sub>2</sub>DS<sub>2</sub>-VASc stroke risk assessment score of 2 or more and those who did not have a CHA<sub>2</sub>DS<sub>2</sub>-VASc but they had a CHADS<sub>2</sub> stroke risk assessment score of 2 or more.

**Calculation:** Numerator divided by the denominator, multiplied by 100.

**Exclusions:** Patients with a persisting oral anticoagulant contraindication anywhere on their record and patients who have an expiring oral anticoagulant contraindication recorded in the preceding 12 months.

**Minimum population:** The indicator would be appropriate to assess performance at individual general practice level.

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