



# Atrial fibrillation: annual stroke risk assessment

NICE indicator

Published: 1 August 2014

[www.nice.org.uk/indicators/ind127](http://www.nice.org.uk/indicators/ind127)

## Indicator

The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA<sub>2</sub>DS<sub>2</sub>-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS<sub>2</sub> or CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 2 or more).

## 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

This indicator aims to support the identification of people with atrial fibrillation who are at increased risk of stroke so that they may be offered anticoagulation drug therapy.

People with symptomatic or asymptomatic paroxysmal, persistent or permanent atrial fibrillation, atrial flutter and/or a continuing risk of arrhythmia recurrence after cardioversion back to sinus rhythm, should have an assessment of their stroke risk using the CHA<sub>2</sub>DS<sub>2</sub>-VASc risk assessment tool.

The CHA<sub>2</sub>DS<sub>2</sub>-VASc system scores points up to a maximum of 9, for each of the following risk factors:

- age: <65 (0 points), 65 to 74 (1 point), ≥75 (2 points)
- gender: male (0 points), female (1 point)
- congestive heart failure (1 point)
- hypertension (1 point)
- stroke, transient ischaemic attack (TIA) or thromboembolism (2 points)
- vascular disease (1 point)
- diabetes mellitus (1 point).

A score of 0 indicates low risk, a score of 1 indicates low-to-medium risk and a score of 2 or more indicates moderate-to-high risk. It also notes that aspirin monotherapy should not be offered solely for stroke prevention in these people.

## Source guidance

Atrial fibrillation: diagnosis and management. NICE guideline 196 (2021), recommendation 1.2.1

## Specification

Numerator: For example: The number of patients in the denominator in whom stroke risk has been assessed using the CHA<sub>2</sub>DS<sub>2</sub>-VASc score risk stratification scoring system in the

preceding 12 months.

Denominator: The number of patients with atrial fibrillation.

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

Exclusions: Patients with a previous CHADS<sub>2</sub> or CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 2 or more.

Expected population size: Quality and Outcomes framework data for 2023 to 2024 (indicator AF006) shows that 1.1% of people in England have atrial fibrillation: 106 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

## Update information

### Minor changes since publication

**March 2025:** We added details of expected population size.

ISBN: 978-1-4731-6097-2