Atrial fibrillation is an irregular heart rate which puts patients at increased risk for stroke, at a rate of 5% increase per year. In order to reduce this risk, it is recommended that some patients with atrial fibrillation take blood thinners to reduce their risk. This determination is made with the aid of the CHADS2 score, a score which uses parameters such as age, congestive heart failure high blood pressure, diabetes, and history of stroke or TIA, to better predict which patients are at risk for stroke. Based on the CHADS2 score, a clinician may advise a blood thinner to reduce risk for stroke. What has not been known is whether these scores are useful for predicting side effects from these medications - stroke or bleeding complications in patients treated with blood thinners for atrial fibrillation.

In this analysis, the authors sought to look for associations between CHADS2 scores and subsequent risk for stroke, bleeding, and death for 18,112 patients with atrial fibrillation who are being treated with blood thinners.

What they found is that the higher the CHADS2 score, the higher the risk for stroke, bleeding, and death in patients receiving oral blood thinners, regardless of which blood thinner was given.

This is an important finding, as it gives clinicians yet another piece of predictive information when deciding whether or not to recommend treatment to prevent stroke in patients with atrial fibrillation, hence allowing greater personalization of their care.