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LETTER TO THE EDITOR

Stroke Risk Stratification: CHA_2DS_2-VA or CHA_2DS_2-VASc?

To the Editor,

It is with interest that we note the letter by Drs Overvad and colleagues in which concern is expressed regarding a newly proposed strategy in the recently published Australian Guidelines for Atrial Fibrillation (AF) [1]. Specifically we recommend that female sex category be dropped from the CHA_2DS_2-VASc score; therefore recommending a CHA_2DS_2-VA score.

The primary purpose of using the CHA_2DS_2-VA score in the Australian Guidelines [1] is to identify low risk patients who do not require anticoagulation, and the authors of the letter are in agreement with this strategy as the initial step for decision-making on anticoagulation. The decision to remove the sex category from the Australian stroke prediction score was based on an independent literature review commissioned as part of the writing process for the AF Australian Guidelines. The available data indicate that female sex does not add predictive value at low stroke risk score and, therefore, does not contribute to the identification of these low risk patients.

We agree that oral anticoagulation (OAC) is underutilised, and stroke prevention is a priority of the Australian Guidelines [1]. However, we disagree with the opinion that removing female sex from the algorithm will promote underuse of OAC therapy. Appropriate prescription is enhanced through easy to understand recommendations and for this reason we opted for simplicity, with single cut-offs for both sexes, unlike international guidelines which have a different threshold for males and females. Adding further complexity by suggesting that physicians examine for higher stroke risk and balance against bleeding risk in a subsequent step, as proposed by Overvad et al., would be more likely to promote undertreatment, and defeat the agreed purpose of enhancing appropriate anticoagulation for AF.

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