IN A NUTSHELL

The knowledge platform for general practitioners

CHA2DS2-VASc Score

The CHA_2DS_2-VASc score is used for risk stratification of ischemic stroke and thromboembolism in patients with atrial fibrillation. Based on this, the necessity of therapeutic anticoagulation can be estimated. This score is a further development and improvement of the CHADS2 score.
To assess the 1-year risk of major bleeding in patients with atrial fibrillation, the HAS-BLED score can be used.

Congestive heart failure or left ventricular dysfunction
○ No ○ Yes (+1)
Hypertension
treated or untreated
○ No ○ Yes (+1)
Age
○ < 65 years ○ 65–74 years (+1) ○ ? 75 years (+2)
Diabetes mellitus
○ No ○ Yes (+1)
Previous Stroke, transient ischemic attacks, or thromboembolism
○ No ○ Yes (+2)
Vascular disease
previous myocardial infarction, peripheral arterial disease, or aortic plaque
○ No ○ Yes (+1)
Sex
○ Male ○ Female (+1)

CHA_2DS_2-VASc Score:

- Ischemic stroke:
- Thromboembolism:

Recommendation:

Interpretation

Points	Risk for ischemic stroke	Risk for thromboembolism	Recommendation
0	0.2 %	0.2 %	Low risk for ischemic stroke and thromboembolism Anticoagulation rather not required
1	0.6 %	0.9 %	Intermediate risk for ischemic stroke and thromboembolism Consider anticoagulation
2	2.2 %	2.9 %	
3	3.2 %	4.6 %	
4	4.8 %	6.7 %	
5	7.2 %	10 %	High risk of ischemic stroke and thromboembolism Anticoagulation recommended
6	9.7 %	13.6 %	
7	11.2 %	15.7 %	
8	10.8 %	15.2 %	
9	12.2 %	17.4 %	

References

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2. Friberg L, Rosenqvist M, Lip GY. Evaluation of risk stratification schemes for ischaemic stroke and bleeding in 182 678 patients with atrial fibrillation: the Swedish Atrial Fibrillation cohort study. Eur Heart J 2012; 33: 1500-1510
3. Hindricks G, Potpara T, Dagres N et al. 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association of Cardio-Thoracic Surgery (EACTS). Eur Heart J 2020: