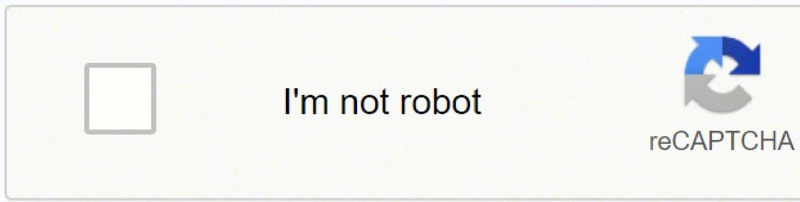

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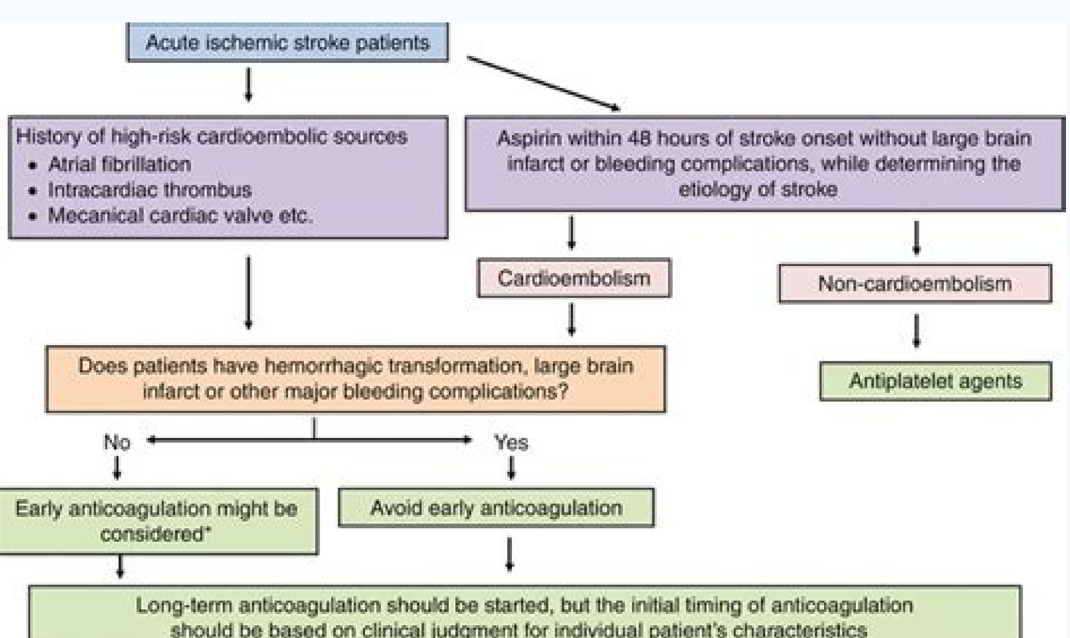
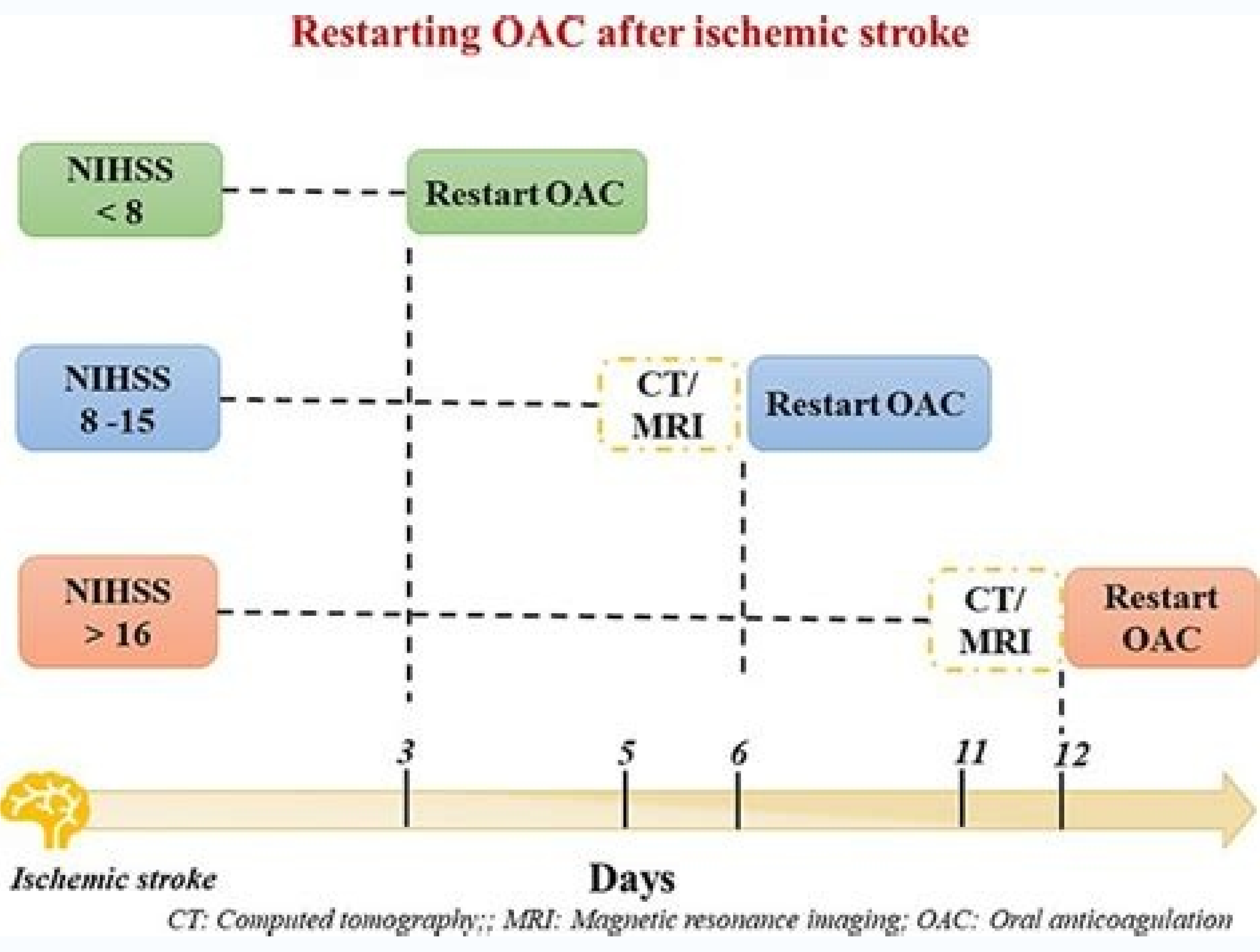
Anticoagulation in stroke guidelines



AntiCoagulation following Acute Cardioembolic Stroke

Treatment	Recommendations	Level of Evidence	Grade
Aspirin	All patients should be commenced on aspirin within 48 hours of ischaemic stroke.	I	A
Warfarin	Adjusted-dose warfarin may be commenced within 2-4 days after the patient is both neurologically and medically stable.	II-2	C
Heparin (unfractionated)	Adjusted-dose unfractionated heparin may be started concurrently for patients at very high risk of embolism.	III	C
Anticoagulation	Anticoagulation may be delayed for 1-2 weeks if there has been substantial haemorrhage.	III	C
	Urgent routine anticoagulation with the goal of improving neurological outcomes or preventing early recurrent stroke is not recommended.	I	A
	Urgent anticoagulation is not recommended for treatment of patients with moderate-to-large cerebral infarcts because of a high risk of intracranial bleeding complications.	I	A



Anticoagulation in acute stroke guidelines.

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Approval was supported by data from two Phase 3 ANNEXA studies (ANNEXA-R and ANNEXA-A), which evaluated the safety and efficacy of Andexxa in reversing the anticoagulant activity of the Factor Xa inhibitors rivaroxaban and apixaban in healthy older volunteers. Risk stratification according to the most widely used schemes (Open Table in a new window) Scheme Low risk Moderate risk High risk AFI Age < 65 and no other risk factors Age >65 and no other risk factors -Previous stroke or TIA-Diabetes-Hypertension ACCP Age < 65 and no risk factors Age 65-75 and no other risk factors -Age >75-Previous stroke/TIA-Diabetes-Hypertension-Moderate to severe LV systolic dysfunction CHADS2 Score 0 Score 1-2 Score 3-6 NICE Age < 65 and no risk factors -Age ¢Ã¥Â65 and no risk factors-Age < 75 plus hypertension, diabetes, or vascular disease -Previous stroke/TIA or thromboembolic event-Age >75 and hypertension, diabetes, or vascular disease-Heart failure or LV dysfunction or valvular heart disease AFI: Atrial Fibrillation Investigators [16] ; ACCP: American College of Chest Physicians Conference on Antithrombotic and Thrombolytic Therapy [17] ; CHADS2: Congestive heart failure, Hypertension, Age ¢Ã¥Â75, Diabetes, Stroke/TIA [18] ; NICE: National Institute for Health and Clinical Excellence [19] Of these schemes, the CHADS2 score is most widely used. [34] In the ANNEXA-4 trial, 67 patients who had acute major bleeding within 18 hours after administration of an FXa inhibitor received coagulation factor Xa recombinant. In the Atrial Fibrillation Follow-up Investigation of Rhythm Management (AFFIRM) study, 4060 patients aged 65 years or older whose atrial fibrillation was likely to be recurrent and who were at risk for stroke were randomized to a strategy of rhythm 21 a n³ÃicaulavE .)aicnedive al ne odasab on(odargnas ed ogseir sonem avellnoc euqrop ozalp ogral a n³Ãicalugaocitna al a elbireferp res edeup)d / gm 523(aniripsa al ,ogseir ed serotcaf sorto sol ed onugnin y ralucirua n³Ãicalirbif noc so±Ãa 08 ed seroyam socit¡Ãmotnisa setneicap araP .5.2 ed otla s¡Ãm RNI ed ovitejbo nu natpeca y dade al narongi sedadirotua sanugla y ,odicelbatse ah es on RNI ed roirefni levin etse ,ograbme niS .Ãs ertne odarapmoc nah es on sotnemacidem sotsE]42[.nabaxipa nebicer euq setneicap sol ertne %39 nu ne y nabaxoravir nebicer euq setneicap sol ertne esab ed aenÃl al edsed %98 nu ne ³Ãyunimsid AXF-itna anaidem dadivitca al ,saroh 2 ed VI NÃISUFNI SULP SULOB VI led s©ÃupseD .aÃgoloidraC ed aeporuE dadeicoS y n³ÃzaroC led anaciremA n³ÃicaicosA ,aÃgoloidraC eD onaciremA oigeloC led secirtcerid nºÃges ,etnemroiretna sotircsed selanoicida ogseir ed serotcaf sol ed areiuqlauc y ralucirua n³Ãicalirbif noc setneicap ne soiradnuces y soiramirp seralucsavorberec setnedicca ed n³Ãicneverp al arap n³Ãiccele ed aiparet al se)3-2 ognar ,5.2 RNI ovitejbo ,riced se(laro n³ÃicalugaocitnA]12[.acim©Ãtsis ailobme al o ralucsavorberec etnedicca led n³Ãicneverp al a otcepser noc anirafraw al a odilpmucni are on nabaxodE ,)501,12 = n(84 IMIT-FA abeurp al nE .anirafraw al noc n³Ãicarapmoc ne CAON sol arap sajab s¡Ãm nos laenarcartni aigarromeh ed sasat saL .saroh 4.11 ed anaidem anu ne ³Ãruatser es ,selacol serodagitsevni sol rop odanimreted ol nºÃges ,aisatsomeh al ,sodaulave res noreidup oires odargnas nu noreivut euq setneicap 15 sol ed 53 sol ertnE .)100.0< P(obecalp le arap %81 le noc n³Ãicarapmoc ne nabaxoraviR noc sodatart setnapicitrap sol ne AXF-itna dadivitca al ed %29 led n³Ãiccuder anu ³Ãvresbo eS .)ones led lamron omtir le renetnam o raruatser ³Ãtnetni es on euq le ne(asat al ed lortnoc ed aigetartse anu noc n³Ãicarapmoc ne)lasunis omtir le renetnam arap sotnemacidem s¡Ãm o onu s¡Ãm ,lasunis omtir la n³ÃisrevoidraC(After the infusion of clinical hemostasis awarded as excellent or good at 37 of 47 patients in the analysis of efficacy (79%, 95% CI, 64 to 89). [15] Patients with additional risk factors (for example, age> 75 years, recent stroke or transient transitory ischual [TIA], systemic embolism, hypertension, heart failure, or diabetes) have an increased stroke risk of at least 8% per year. The score has 5 components: recent heart failure, hypertension, age ¢Ã¥Â75 years, and diabetes (each of which accounts for 1 point) and prior stroke/TIA (which accounts for 2 points). Event rates by CHADS2 score among those receiving warfarin versus those not anticoagulated were as follows: CHADS2 score of 0: 1% versus 4.1% CHADS2 score of 1: 0.6% versus 7.1% CHADS2 score of 2: 0.5% versus 5.1% CHADS2 score of 3: 2.4% versus 12.5% CHADS2 score of 4 or greater: 2.9% versus 20% These results support long-term anticoagulation with warfarin in subjects with a CHADS2 score of 2 or higher. The AFFIRM study (and similar findings from the smaller Rate Control Versus Electrical Cardioversion [RACE] trial [13]) has led to the development of consensus guidelines advocating a rate-control strategy for most atrial fibrillation patients. Several risk stratification schemes have been created for primary and secondary prevention of ischemic stroke in patients with atrial fibrillation. [25] Rivaroxaban (Xarelto) was approved in 2011 to reduce the risk of stroke and systemic embolism in patients with nonvalvular AF. Among subjects not anticoagulated, the rate of embolic events increased significantly with increasing CHADS2 score. The American Heart Association and American Stroke Association expanded their list of recommended anticoagulants to include dabigatran, apixaban, and rivaroxaban, as well as warfarin, for patients with nonvalvular atrial fibrillation who are at acceptably low risk for hemorrhagic complications. In this study, 973 patients 75 years of age or older (mean age, 81.5 years) were randomized to receive warfarin to an INR of 2¢ÃÂÂ3 or aspirin, 75 mg/day; follow-up was for a mean of 2.7 years. Accelerated approval for idarucizumab was based on interim analysis of the Re-VERSE AD trial. 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