**Role of warfarin in A-fib:**

69 y/o F with PMHx of HTN presents to ED c/o chest pain x 12 hrs, radiating to her back. EKG reveals A-fib with RVR, spontaneously resolved after 20 mins. Elevated troponins, D-dimer, and BNP. Metoprolol and Cardizem administered PO in ED. Pt admitted for 24 hr observation and monitoring for further arrhythmia. ASA also given PO and pt advised to continue taking daily baby aspirin to reduce risk of thrombus associated with A-fib. When, if at all, would warfarin be indicated in A-fib?

 According to UpToDate, warfarin is used for patients with moderate to high risk of thromboembolic events (based on a CHAD2 score ≥ 2). For patients with low risk, those with a CHAD2 score of 0-1, non-vitamin K oral anticoagulation (NOAC) is indicated. NOAC agents include Dabigatran, Rivaroxaban, Apaxiban, or Edoxaban.

Warfarin is administered 5 mg PO tablets once daily until desired INR of 2.0-3.0 is achieved and maintained.

Warfarin is preferred, and possibly necessary, in the following conditions:

* Patients already on warfarin who are comfortable with periodic INR measurement and whose INR has been well controlled.
* Patients with mechanical heart valves of any type or those with mitral stenosis of any cause.
* Patients who are not likely to comply with thte twice daily dosing of most NOAC agents.
* Patients for whom the NOAC agents will lead to an unacceptable increase in cost.
* Patients with severe CKD whose eGFR < 30 mL/min. (However Apaxiban is also approved for some ESRD pts in the US.)
* Patients for whome the NOAC agents are contraindicated, including those on antiepileptic medications (eg, phenytoin) and pts with HIV on protease-inhibitor ART’s.

**Sources:**

<https://www-uptodate-com.york.ezproxy.cuny.edu/contents/atrial-fibrillation-anticoagulant-therapy-to-prevent-thromboembolism?search=atrial%20fibrillation%20anticoagulation&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H97537344>

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