

GARFIELD-AF Risk Tool



Designed to help clinicians assess the future risk of:

Mortality

Ischaemic stroke/systemic embolism

Major bleeding

in patients with a new diagnosis of AF



Opensource: Available online and via QxMD app



Allows clinicians to compare the effects of different anticoagulant treatment decisions – no OAC, VKA, NOAC



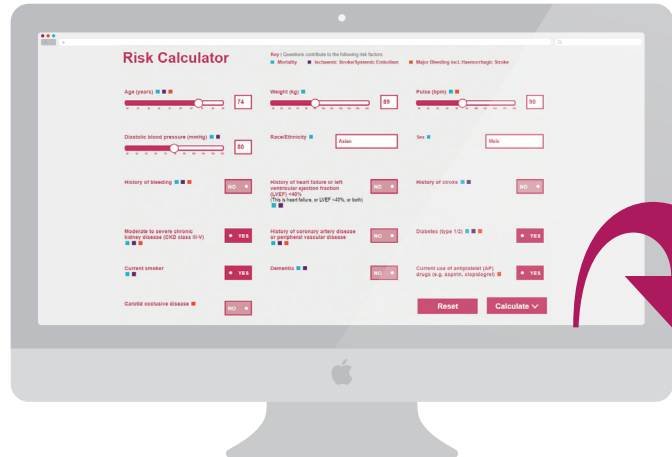
Developed from information generated for more than two years from >50,000 AF patients in the GARFIELD-AF registry and validated in two other AF populations



Scan to try the tool



Risk calculator

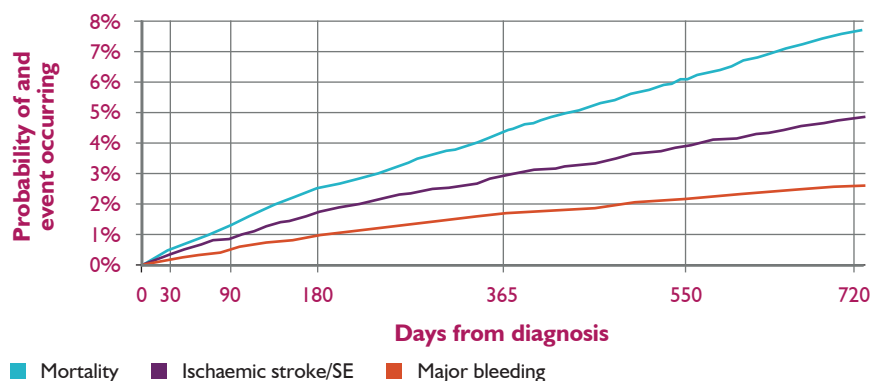


	Mortality	Ischaemic Stroke or Systemic Embolism	Major Bleeding Incl. Haemorrhagic Stroke
No OAC treatment	7.7% chance of experiencing at 730 days of follow-up	4.9% chance of experiencing at 730 days of follow-up	2.7% chance of experiencing at 730 days of follow-up
VKA	6.5% chance of experiencing at 730 days of follow-up	3.5% chance of experiencing at 730 days of follow-up	4.8% chance of experiencing at 730 days of follow-up
NOAC	5.2% chance of experiencing at 730 days of follow-up	2.8% chance of experiencing at 730 days of follow-up	3.4% chance of experiencing at 730 days of follow-up

Risk tool output

Risk Plot over Time

Filter Results By: **No OAC Treatment** VKA NOAC



OAC = oral anticoagulants; VKA = vitamin K antagonist; NOAC = non-VKA oral anticoagulants; SE = systemic embolism

REFERENCES:

<https://af.garfieldregistry.org/garfield-af-risk-calculator>.

<https://qxmd.com/calculate-by-qxmd>.

Fox KAA, et al. GARFIELD-AF risk score for mortality, stroke, and bleeding within 2 years in patients with atrial fibrillation. *European Heart Journal – Quality of Care and Clinical Outcomes* 2021;8(2):214-27. doi: 10.1093/ehjqcco/qcab028.