

EDITORIAL

What is new about anticoagulation to ESC 2024 on guideline for Atrial Fibrillation

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Thromboembolism is one of the deadly complications of atrial fibrillation (AF). Prevention of thromboembolism is of permanent importance in management of atrial fibrillation. Many a time a clinician has to walk on a thin thread between thromboembolism as hemorrhage.

The ESC guideline in 2024 has come up with some important recommendation on use of anticoagulation in prevention of thromboembolism in patients with atrial fibrillation.

New guideline recommends anticoagulants as class II A recommendation even when CHADVAS score I in male and 2 in female reflects the inclusion of many more patients with AF for anticoagulation therapy. This indication is even applicable for patients with subclinical AF as detected by various devices.

New recommends focus in appropriate doses of anticoagulation. Use of anticoagulants in under doses being advocated to avoid

The guideline highlighted use of NOACS in most of the case of AF. It's not advised to switch be VKA to NOAC in patients with AF who are adequately stabilized. Another important issue is combination of antiplatelet with anticoagulants. The recommendation is based on the documents demonstrating increase risk of bleeding by 50% in patients with combination of anticoagulants and antiplatelet.

Also it is class III recommendation to the aspirin in patients with who has CHADVAS score in < 1 male & < 2 in female.

New guideline recommends anticoagulants in every patient with amyloidosis and hypertrophic cardiomyopathy.

Then has been also new recommendation as regards the use of anticoagulants in special situation like patients with AFon anticoagulant and undergoing surgery.

The new guideline new to activate key of the complication the attributed to anticoagulation therapy.

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