Should warfarin vs. aspirin therapy be used for patients with atrial fibrillation and intermediate risk of stroke (CHADS2=1)?

Population: patients at intermediate risk of stroke (CHADS2 score of 1) Intervention: warfarin Comparison: aspirin Setting: outpatients

		JUDGEMENT	DETAILS OF JUDGEMENT							EVIDENCE/EXPLANATION						
QUALITY	What is the overall quality of evidence?	 ☐ High ☑ Moderate ☐ Low ☐ Very low 	Critical Outcomes: 1. Death 2. Non fatal strokes 3. Non fatal extracraneal bleeds 4. Systemic embolism 5. Burden of treatment	major	High M C C C C C C	loderate	Low	Very low		 Imprecision was a reason for downgrading for nonfatal major bleeds, death and systemic embolisms 						
	benefits and risks/ burden?	Group: ☐ Benefits outweigh harms/ burden ☑ Benefits slightly outweigh harms/ burden ☐ Benefits and harms/ burden are balanced ☐ Harms/ burden slightly outweigh benefits ☐ Harms/ burden outweigh benefits	Critical Outcomes:	Large/Mo dest benefit	o Small benefit	No effect	Small harm/ burden	Modest/I	_		Absolute estimates (95% CI) Time frame: 1 year				Patients	
S								arge harm/	-	Outcome	Interventi on	Control	Difference (per 1000) (95% CI)	actimatoc	(studies)	
& HARMS			1. Death			\checkmark		burden		Death	46/1000	47/1000	1 fewer (from 7 fewer to 6 more)	0.97 (0.85-1.12)	5855 (10)	
FITS &			2. Non fatal strokes							Non Fatal strokes	8/1000	17/1000	9 fewer (from 5 fewer to 11 fewer)	0.48 (0.33-0.70)	6526 (11)	
ENEFI			 Non fatal extracraneal major bleeding 				V			Non fatal major	12/1000	8/1000	3 more (from 1 fewer to 10 more)	1.42 (0.49-2.29)	6526 (11)	
B			4. Systemic embolism							bleeding Systemic	2/1000	3/1000	1 fewer (from 2	0.81	6256	
			5. Burden of treatment				\checkmark			embolism Burden of			fewer to 2 more)	(0.40-1.64)	(11)	
										treatment						
VALUES AND PREFERENCES	What are the patient's values and preferences, and what certainty do we have about them?	 ☐ Little unceirtany and similar values ☑ Some uncerntainty or some variation ☐ Significant uncerntainty or large variation 	High confidence in the tipical values Values and preferences likely similar	Agree □	Somewha agree	at Uncertair	n Some disa	gree 1	isagree	 We are moderately confident that patients will place the greatest value strokes. Our best estimate from a systematic review is that 1 stroke en- bleed. There is wide variability in these values and preferences. Patien taking oral anticoagulants for their potential of bleeding may be relucta- long-term warfarin therapy. 					uals 1 major its averse to	
	uieili (

RESOURCES	Is the incremental cost (or resource use) small relative to the benefits?	 Cost is very small relative to the benefits Cost is small relative to the benefits Cost is borderline relative to the benefits Cost is high relative to the benefits Cost is very high relative to the benefits 	Costs are low Benefits are important	Agree	Somewhat agree 2 2	Uncertain	Somewhat disagree	Disagree	Both o per m	drugs a onth ^ζ . ment w		h warfarin	costs USD 5 more per patient trols, increasing the burden of
Bala	nce of consequenc	ces Undesirable consequences <i>clearly outweigh</i> desirable consequences	Undesirable consequences probably outweigh desirable consequences	consequences desir probably outweigh desirable				There is a balance be desirable and undesi consequences*		lesirable probably outwe		gh consequences	
								Γ			V		
Rec	ommendation	We recommend against the option	We suggest not using the option					We suggest using the option				We recommend the option	
										₽	3		
		In patients at intermed	In patients at intermediate risk of stroke (CHADS2=1) we suggest using warfarin (over aspirin)										
Rec	ommendation ratio	nale The majority of patients place in stroke we suggest the use patients, and many would no	of warfarin (over aspiri	n) as m									

* In this situation no recommendation could be reasonable

ζ Hypothetical information