

# CHADS<sub>2</sub> best predictor of postoperative mortality risk

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(HealthDay)—The CHADS<sub>2</sub> atrial fibrillation (AF) risk score is the best predictor of postoperative stroke or death regardless of type of surgery, according to a study published online Aug. 13 in the *Journal of Thrombosis and Haemostasis*.

Finlay A. McAlister, M.D., from the University of Alberta in Edmonton, Canada, and colleagues assessed the accuracy of AF thromboembolic risk models (the CHADS<sub>2</sub>, CHA<sub>2</sub>DS<sub>2</sub>-VASc, and R<sub>2</sub>CHADS<sub>2</sub> scores) versus the Revised Cardiac Risk Index (RCRI) among an international cohort of patients (≥45 years of age) undergoing inpatient, [non-cardiac surgery](#) with 30 days of post-surgery follow-up.

The researchers found that the 961 patients with preoperative AF were at higher risk for any cardiovascular event in the [postoperative period](#)

compared with the 13,001 patients without AF (26.6 versus 9 percent, respectively; adjusted odds ratio, 1.58). All thromboembolic risk scores predicted postoperative death as well as the RCRI. The CHADS<sub>2</sub> significantly improved postoperative stroke/mortality risk prediction compared to the RCRI, largely because of improved discrimination of patients who did not subsequently have an event.

"In AF [patients](#), the three thromboembolic risk scores performed similarly to the RCRI in predicting death within 30 days and the CHADS<sub>2</sub> score was the best predictor of [postoperative](#) stroke/death regardless of type of surgery," the authors write.

One author disclosed financial ties to medical device and pharmaceutical companies.

**More information:** [Abstract](#)  
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