# What is already known about this subject?

Atrial fibrillation (AF) is common and increases stroke risk. In additional to stroke risk scoring algorithms such as CHADS2, echocardiography is often performed as part of the cardiological evaluation of patients with AF to assist with stroke risk stratification in order to make optimal decisions on thromboprophylaxis with oral anticoagulants (OACs).

The consequences of thromboprophylaxis depend on factors such as stroke risk, patient characteristics such as age and sex, and the choice of OAC. These factors affect therefore affect the clinical benefits and cost-effectiveness of using echocardiography in this way by altering the implications of thromboprophylaxis decisions.

# What does this study add?

This economic evaluation shows that it may be cost-effective to use echocardiography to aid the thromboprophylaxis decision for older patients (aged 65 years at diagnosis), and when considering using either of the newer OACs, dabigatran or rivaroxaban.

# How might this impact on clinical practice?

Clinicians should consider the use of echocardiography in aiding the thromboprophylaxis decision when considering treating older patients with a newer OAC.