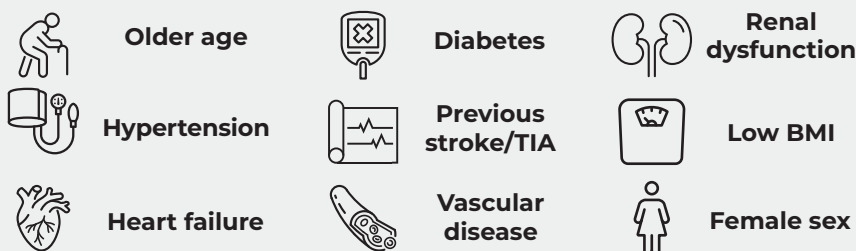


Stroke Prevention in Atrial Fibrillation

AF causes approximately 1 in 7 strokes.



Risk Factors for Stroke With AF



Treatment for AF

- Medications to control rate and rhythm of heart
- Anticoagulants to reduce risk of stroke
- Cardioversion, ablation
- Lifestyle changes and disease state management

Screening Tools

Physical exam

- Pulse taking
- Automated BP monitors

Implantable devices

Ambulatory monitors

Consumer wearables*

- Smartphone apps
- Watches

*Check for FDA approval status/do not take the place of clinical decision-making.

CHA₂DS₂-VASc Score

Men	Women	Recommendation
≥2	≥3	Anticoagulation
1	2	Consider anticoagulation
0	1	Omit anticoagulation

Risk Factor	Score
C Congestive heart failure	1
H Hypertension	1
A₂ Age ≥75 years	2
D Diabetes	1
S₂ History of Stroke/TIA	2
V Vascular disease (MI, CABG, PAD)	1
A Age 65-74 years	1
Sc Female Sex	1

DOAC [†]	Dosing	Dose Adjustments	Stroke/ Systemic Embolism	Major Bleeding	GI Bleeding	Mortality	Other ADRs
Apixaban	5 mg twice daily	2.5 mg twice daily if ≥2: Age ≥80 years Weight ≤60 kg SCr ≥1.5 mg/dL	↓	↓	=	↓	—
Dabigatran	150 mg twice daily	CrCl 15-30: 75 mg twice daily CrCl <15: not recommended	↓	=	↑	=	Dyspepsia
Edoxaban	60 mg daily	CrCl >95: contraindicated CrCl 15-50: 30 mg daily CrCl <15: not recommended	=	↓	↓	↓	—
Rivaroxaban	20 mg daily	CrCl 15-50: 15 mg daily CrCl <15: not recommended	=	=	↑	=	—

ADR, adverse drug reaction; AF, atrial fibrillation; BP, blood pressure; CABG, coronary artery bypass grafting; CrCl, creatinine clearance; DOAC, direct oral anticoagulant; GI, gastrointestinal; MI, myocardial infarction; PAD, peripheral arterial disease; SCr, serum creatinine; TIA, transient ischemic attack.

[†]Compared with warfarin.