

A DECISION AID FOR AFIB STROKE PREVENTION FOR PATIENTS WITH ATRIAL FIBRILLATION



For Patients with MODERATE RISK



You have **atrial fibrillation**, also known as AFib, which means you have an irregular heart beat. This is a very common heart rhythm problem.

People with AFib tend to have a higher chance of **stroke**. A stroke is where part of your brain dies. It can be very serious, causing permanent harm or death.

Each person's risk for stroke is different – patients can be at low, moderate or high risk for stroke. This booklet is for patients who are **moderate risk**, which means you likely want to consider some options available to help prevent stroke.

Irregular heart beats from AFib can cause blood to collect in the heart and form a **blood clot**. This clot may travel to the brain and could prevent blood flow, resulting in a **stroke**.

For most people, this means taking medicines commonly referred to as "**blood thinners**." There are some risks and factors you should think about when taking blood thinners.

We know talking about strokes can be scary. But, knowing how you can help reduce your risk for stroke is important. And, understanding your options may help you decide **what is best for you, your health, and your lifestyle.**

▶ YOUR STROKE RISK AND OPTIONS

You've been given this booklet because you have a **moderately increased risk** for stroke with your AFib. This is likely due to your age or other illnesses or conditions you may have.

This means you **may want to do something** to help reduce your risk for stroke.

You basically have 2 options:

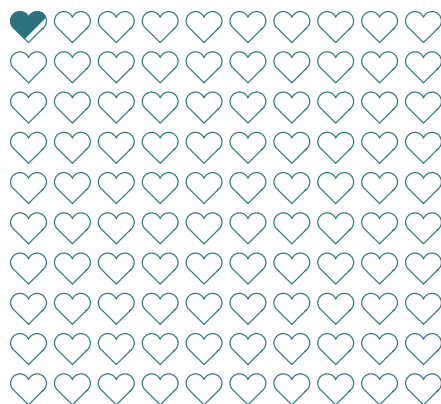
- ▶ Do **nothing** additional for stroke prevention
- ▶ Take a **blood thinner medicine** for stroke prevention



Stroke Risk per Year

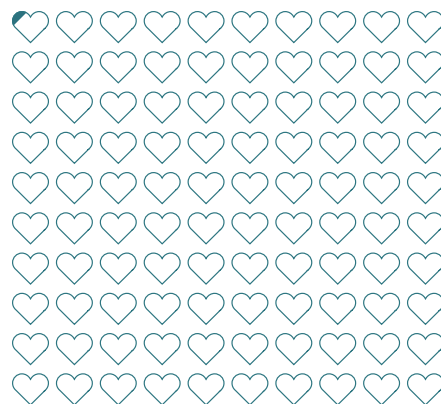
WithOUT Treatment


Each year, nearly **1 out of 100** people like you will have a stroke.




WITH Treatment

Each year, nearly **0 out of 100** people like you will have a stroke.



 = Risk for stroke

 = Unaffected

For a more personalized risk estimate, ask your clinician.

This is your estimated stroke risk per year, which means the exact number above goes up over time. Compared to most people without AFib, this is a moderately increased risk of stroke. Taking a blood thinner will **reduce your risk for stroke**.

Doing something for stroke prevention is **usually recommended by clinicians** for people with moderate risk, but the risks and benefits should be weighed by each person.

The numbers presented in this booklet are a summary of information from recent medical studies. However, no one can know what will happen to each individual person.

▶ BLEEDING RISK

There are factors you should think about with each of your options, including side effects and lifestyle changes.

- ▶ **Blood thinners**, also called anticoagulants or anti-clotting medicines, help prevent clots from forming in the blood. This means that clots are less likely to form and cause a stroke. However, this also means that it is easier for your body to bleed.
- ▶ The most common side effect when taking a blood thinner medicine is the **increased risk of major bleeding**.
- ▶ A major bleed is bleeding that requires hospitalization and treatment. This can include bleeding in your head, stomach or intestines.
- ▶ Minor bleeds can also occur often because it is harder for your blood to clot. This could include severe nose bleeds or cuts that take a long time to stop bleeding. An increase in bruising is also likely.
- ▶ Some people have a higher risk of bleeding than others. It can be difficult to predict who will have a bleeding event and how serious that bleeding will be.



WEIGHING IMPORTANT CONSIDERATIONS

While blood thinners will increase the risk of major bleeding, they also lower the risk for stroke. In most cases, **strokes are much more serious than bleeding**, which is why clinicians recommend taking blood thinners.

Talk to your clinician about your individual bleeding risk.

You should carefully think about your options and consider what is a bigger concern for you: **lowering the risk for stroke or limiting the risk of bleeding.**

▶ COMPARING OPTIONS

If you choose to take **blood thinners**, you will have the option of choosing between 2 types of medicines.

- ▶ **Warfarin (Coumadin)**
- ▶ **Direct oral anticoagulant (DOAC) medicines (apixaban [Eliquis], dabigatran [Pradaxa], edoxaban [Savaysa], or rivaroxaban [Xarelto])**

There are several different DOAC medicines to choose from. DOACs are newer medicines that help do the same thing as warfarin. Warfarin has been used for a long time and has been the go-to treatment, but research studies now suggest that DOACs work just as well and, in some cases, better than warfarin.

You should think about the **side effects and lifestyle changes** that come with taking blood thinners and the difference between warfarin and the DOACs.

	Warfarin (Coumadin)	DOAC (apixaban [Eliquis], dabigatran [Pradaxa], edoxaban [Savaysa], or rivaroxaban [Xarelto])
Side Effects	Increased risk of bleeding, so must avoid activities that could cause bleeding or bruising.	
	Compared to DOACs, warfarin appears to have a higher risk of major bleeding, including bleeding in the brain (which is rare).	Compared to Warfarin, DOACs appear to have a lower risk of major bleeding.
	Side effects include skin rash and anemia (low red blood cells).	Depending on which DOAC you take, side effects include skin rash, stomach upset or pain, or anemia (low red blood cells).
	Can cause severe and noticeable bruising.	
Medicine Details	Medicine must be taken daily – usually once or twice per day.	
	May interact with other medicines.	
Lifestyle	Requires regular blood testing to make sure it's working correctly.	Does NOT require regular blood testing.
	Requires changes to and monitoring of your diet.	Does NOT require change to your diet.
Cost	Low-cost, where a 1-year supply costs about \$100. Follow-up blood testing may cost additional money or co-pays.	Cost varies depending on insurance. May be completely covered by your insurance, but if not, could cost as much as \$3,500 for a 1-year supply.

TALK TO YOUR DOCTOR

With your moderate stroke risk, clinicians are most **commonly recommending DOACs** to help prevent stroke.

However, this truly is a **decision that should be based on your preferences.**

Now that you have considered your options, it's time to make a decision on how you want to manage your stroke risk while living with AFib.

- ▶ The first step is to **talk to your clinician** about whether you should be taking a blood thinner, and which option would be best for you, your health status, and your lifestyle.
- ▶ This is **your decision to make**, so take time to think about what matters most to you, and write down your questions or concerns below.

THINK ABOUT...

Questions for a clinician

Questions for your loved ones

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Updated: July 2017 (The DA will be reviewed annually) • **Funding by:** American College of Cardiology Foundation • **Authors:** Larry A Allen MD MHS; Jocelyn S Thompson MA; Amy Jenkins MS; Paul Varosy MD; Frederick Masoudi MD MSPH; Christopher Knoepke PhD LCSW; Colleen McIlvennan DNP ANP; Daniel D Matlock MD MPH • **Conflicts of Interest:** Allen: Novartis, Boston Scientific, Janssen; Thompson: None; Jenkins: None; Varosy: None; Masoudi: Contract with American College of Cardiology as Chief Science Officer of NCDR; Knoepke: None; McIlvennan: None; Matlock: Grant support from American College of Cardiology Foundation

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