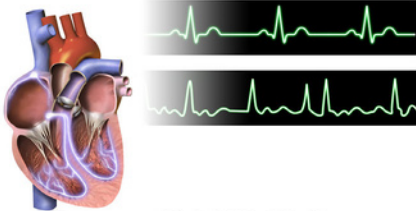


Atrial Fibrillation (AF):

- 5-7 million people currently have AF in the US¹
- **AF is often undiagnosed or untreated**
- Lifetime risk of AF is as high as ~ 1 in 3
- 2.4 – 5-fold ↑ stroke risk²⁻³
- Stroke is 1st manifestation of AF in 25% cases⁴
- AF drives 80% of cardioembolic strokes⁴



Compared to non-AF-Related Strokes, AF-Related Strokes:

- Are twice as deadly¹⁰⁻¹¹
- More than twice as likely to result in **permanent deficits**¹⁰⁻¹¹
- Recur more frequently¹⁰⁻¹¹
- Result in longer duration of hospital stay¹⁰⁻¹¹
- Drive significant health costs



The risk of stroke can be significantly reduced

- ≥64% risk reduction with OAC compared to no treatment³
- Non-pharmacologic options exist for those unwilling to take OAC or with contraindications²

Individuals from Underrepresented Racial & Ethnic Group (UREGs) with AF:

- ↓ AF detection⁵
- ↓ Use of anticoagulants (particularly DOACs)⁵
- ↓ Access to rhythm control strategies⁶
- ↓ Access to LAAO (i.e., Watchman[®])⁷
- ↑ Stroke, mortality and hospitalization⁸

Female gender & age ≥ 85 have also been associated with anticoagulant non-use⁹

Potential Drivers of AF Treatment Disparities:

Patient-level:

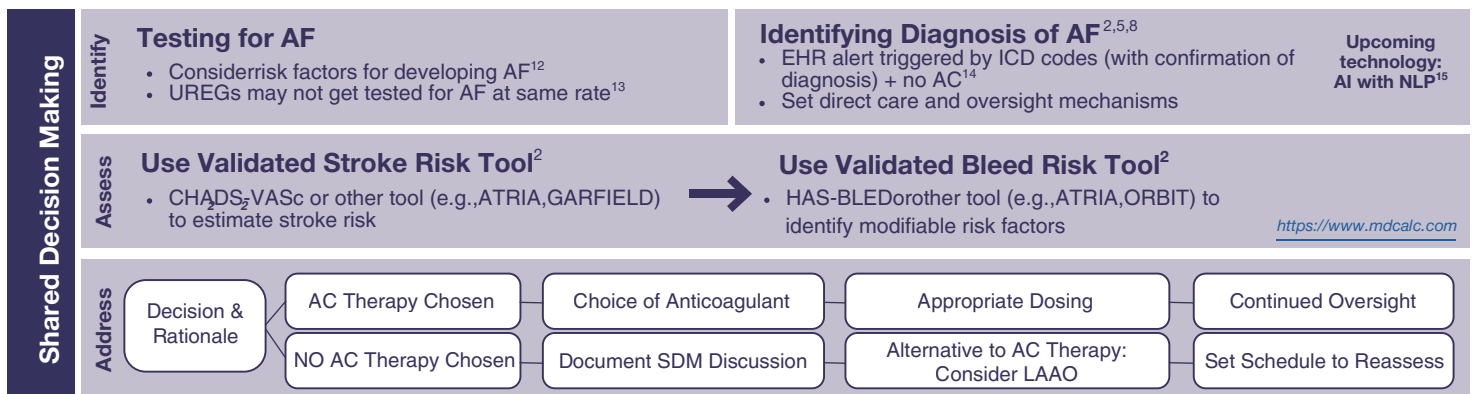
- [Social determinants](#)
 - Financial
 - Health literacy
 - Housing insecurity
 - Transportation
- Trust in health care system
- Comorbid conditions

Provider-level:

- Bias
- Knowledge gaps
- Administrative roadblocks

System-level:

- Medication cost
- Access to health care





When To Consider OAC

Annualized Stroke Risk	CHA ₂ DS ₂ -VASc Score	ATRIA Score	GARFIELD-AF Score	Anticoagulation?
≥2%	≥ 2 in men ≥ 3 in women	7-15	≥1.60	Recommended (Class 1)
1% to <2%	1 in men 2 in women	6	0.9-1.59	Reasonable* (Class 2a)

*Consider factors that might modify risk of stroke to help inform decision (i.e. AF burden, lifestyle risk factors, see Table 3 within the guidelines for a full list)

[Adapted from the Special Edition of the Antithrombotic Literature Update](#)

Debunking Myths About AF & Anticoagulants

Myth	Fact	Recommendation
<i>The patient is too old for OAC</i>	Age is the most potent stroke risk factor in the CHA ₂ DS ₂ -VASc Score ¹	Use validated tools to facilitate an individualized approach
<i>Aspirin is good enough for stroke prevention</i>	According to the most recent AF guidelines, aspirin has no place in AF stroke prevention ²	MEDICATION SELECTION: <ul style="list-style-type: none"> Choose the right drug for the indication Use the labeled dosing
<i>I'll lower the dose to reduce the bleeding risk of OAC</i>	Primary literature and societal guidelines discourage off-label dose reductions, which have been associated with reduced efficacy without reduced bleeding ²	
<i>According to a bleeding risk score, the risk of bleeding is too high for OAC</i>	Bleeding risk scores should only be used to identify modifiable risk factors – not drive treatment decisions ²	Address bleed risk factors: <ul style="list-style-type: none"> Review all aspects within validated bleeding risk tool to remove/reduce those risks Use risk-specific care modalities such as: <ul style="list-style-type: none"> STEADI (FaME) If OAC is to be avoided, consider non-pharmacologic approach (i.e. LAAO)
<i>The patient's fall risk is too high for OAC</i>	Identify and correct modifiable fall risk factors. Do not withhold OAC solely because the patient is at risk of or has experienced falls. Patients would have to fall 45-450 times per year for the risk of AC therapy to outweigh the benefits ¹¹	
<i>AF and its associated risks impact all patients the same</i>	Patients are subject to health disparities as it relates to AF identification, treatment, and outcomes	BE AWARE: <ul style="list-style-type: none"> Ask about social risk factors Recognize groups prone to inequities Acknowledge biases Close identified gaps in care

Abbreviations: AC: Anticoagulation, AI: Artificial Intelligence, ATRIA: Anticoagulation and Risk Factors in Atrial Fibrillation, DOAC: Direct Oral Anticoagulant, EHR: Electronic Health Record, GARFIELD: Global Anticoagulant Registry in the FIELD, ICD: International Classification of Diseases, LAAO: Left Atrial Appendage Occlusion, NLP: Natural Language Processing, OAC: Oral Anticoagulant, ORBIT: Outcomes Registry for Better Informed Treatment of Atrial Fibrillation, SDM: Shared Decision Making, UREGs: Underrepresented Racial & Ethnic Group

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