Atrial Fibrillation (AF) and Stroke: Reducing the Risk

For hospital healthcare professionals
• Facts about AF, stroke risk, and anticoagulation—in the hospital and postdischarge
• Tips to help patients manage stroke risk and anticoagulant medications

For your patients
• Educational tear sheet
AF is common and a growing diagnosis among hospital patients

AF is the most common sustained heart arrhythmia in the United States and a major risk factor for stroke:

• Increases the risk of ischemic stroke from 4- to 5-fold
• Is linked to more severe strokes and a higher rate of stroke recurrence

Hospitalizations with AF as the primary diagnosis rose by 34% between 1996 and 2001.

From 1993 to 2004, there were an increasing number of these patients coming into the hospital through the emergency department (ED), where risk of thromboembolism is a major factor in the decision to admit.

### Anticoagulant prophylaxis is recommended for many AF patients at risk of stroke

ACC/AHA/HRS 2014 guidelines for managing patients with AF recommend the following:

• Selection of agent should be based on risks of thromboembolism, shared decision-making, discussion of risks of stroke and bleeding, and the patient’s preferences

• The CHA2DS2-VASc score is recommended for assessment of stroke risk
  – For patients with nonvalvular AF and prior stroke, TIA, or CHA2DS2-VASc score ≥2, oral anticoagulants are recommended
  – For a CHA2DS2-VASc score of 1, no antithrombotic therapy or treatment with an oral anticoagulant or aspirin may be considered
  – For a CHA2DS2-VASc score of 0, it is reasonable to omit antithrombotic therapy

**Abbreviations:** ACC = American College of Cardiology; AF = atrial fibrillation; AHA = American Heart Association; CHA2DS2-VASc = Congestive heart failure, Hypertension, Age ≥75 years (doubled), Diabetes mellitus, Prior Stroke or TIA or thromboembolism (doubled), Vascular disease, Age 65–74 years, Sex category; HRS = Heart Rhythm Society; TIA = transient ischemic attack.
A National Patient Safety Goal (NPSG) has potential to positively impact the safety of patients on anticoagulants and result in better outcomes

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<th>NPSG.03.05.01 Elements of Performance for Hospitals</th>
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<td>Use only oral unit-dose products, prefilled syringes, or premixed infusion bags, when these types of products are available</td>
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<td>Use approved protocols for the initiation and maintenance of anticoagulant therapy</td>
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| Before starting a patient on warfarin, assess the patient’s baseline coagulation status  
  • Use a current international normalized ratio (INR) to adjust this therapy  
  • Document baseline and current INR in clinical record |
| Use authoritative resources to manage potential food and drug interactions for patients receiving warfarin |
| When heparin is administered intravenously and continuously, use programmable pumps to provide consistent and accurate dosing |
| Establish written policy that addresses baseline and ongoing laboratory tests required for anticoagulants |
| Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families. Patient/family education should include:  
  • The importance of follow-up monitoring  
  • Compliance  
  • Drug-food interactions  
  • The potential for adverse drug reactions and interactions |
| Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions |


Adverse events related to warfarin are a major cause of emergency hospitalizations of older adults and are nearly all due to unintentional overdose—a fact that underscores the importance of medication reconciliation upon hospital admission and at discharge.
Patient education about AF, stroke risk, and anticoagulants is key

In one study, almost 40% of patients admitted to an ED with possible stroke did not know the signs, symptoms, and risk factors of stroke.² The Joint Commission emphasizes the importance of face-to-face education about anticoagulant therapy that is delivered by a trained professional and encourages patient involvement.⁴

Help your patients with AF to manage their risk of stroke

For your patients who are discharged on anticoagulant therapy:

• Offer education about AF and stroke risk
• Emphasize the importance of taking anticoagulants and other medications as prescribed
• Ask about other medications they may be taking to avoid possible interactions, including over-the-counter medicines, vitamins, minerals, and herbal supplements
• Provide safety information about anticoagulants, including adverse reactions, drug-drug and drug-food interactions, and what to do if they think they are experiencing an adverse event
• Make sure they understand label directions for storage and handling
• Make sure they are aware of the importance of follow-up monitoring (if applicable)

Review the sudden warning signs of stroke⁶:

• Numbness or weakness of the face, arm, or leg
• Confusion or trouble speaking or understanding others
• Trouble seeing in one or both eyes
• Dizziness, trouble walking, or loss of balance or coordination
• Severe headache with no known cause

Enhance your education efforts for patients with AF by giving them the attached pamphlet, Get the Facts on Atrial Fibrillation.

TIP: For qualifying patients, prescription assistance programs are available to help them get the medications they need for free, or nearly free. Visit www.pparx.org for additional information.
References