

Celebrating A Year Without A **STROKE**

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Talking with Your Atrial Fibrillation Patients

YearWithoutAStroke.org

The risk of stroke from atrial fibrillation (AFib) is real and can quickly change a patient's life. The scientific evidence confirms that oral anticoagulants are highly protective against stroke. Yet older AFib patients are too often under-anticoagulated, owing in part to their lack of understanding about stroke risk and the value of anticoagulation. **The following talking points are designed for you to simplify this important conversation and help your patients better understand why anticoagulation is critical and how adherence will allow them to celebrate more years without a stroke.**

SIMPLE WAYS TO EXPLAIN WHY AFIB INCREASES STROKE RISK

- Because the heart beats irregularly during AFib, it affects blood flow and that can make clots form more easily. Clots that form in the heart can travel to the brain, block vital blood flow and oxygen that the brain needs to function, and cause a stroke.
- The risk of stroke is **SERIOUS** and can change your life instantly.
- Stroke risk in someone with AFib is 5 times greater than in someone who doesn't have AFib.
- AFib-related strokes are more serious—stroke patients with AFib are up to 70% more likely to die than stroke patients without AFib.
- AFib also doubles the risk that a stroke will result in permanent disability—those who survive can experience paralysis, loss of speech, impaired brain function, and other disabilities.
- It's important to understand your personal risk factors and how they increase both your short- and long-term stroke risk. Your annual stroke risk adds up so if you have a 6% annual stroke risk, this means over 5 years you have a 30% risk of having a stroke.
- Without proper treatment, you could be a stroke waiting happen.
- Know the signs of stroke so you can act **FAST** in an emergency. The faster you get treatment, the better your outcomes could be.
 - Face** - Sudden drooping or weakness on one side of the face
 - Arm** - Sudden weakness or numbness of one or both arms
 - Speech** - Difficult, slurred, or garbled speech
 - Time** - The faster the treatment, the better the outcome
- If you have **any** reason to suspect a stroke is happening, call 911 **IMMEDIATELY**.

SIMPLE WAYS TO EXPLAIN HOW ANTICOAGULANTS DECREASE STROKE

- A small percentage of people with AFib don't need an anticoagulant because their risk of stroke is low.
- For those with a higher risk of stroke, anticoagulant medications help prevent dangerous clots from forming, which then helps prevent a stroke from happening.
- There are a number of anticoagulants available that work, with unique benefits and risks. Herbal remedies are **NOT** effective in preventing stroke.
- It's important to understand your individual risks so that we can pick the anticoagulant that is best for you.

With Americans living longer than ever before, a 60-year AFib patient who is not placed on an anticoagulant could very well live 20+ years unprotected, and with a stroke risk that increases with age. **Guidelines recommend reevaluation of treatment decisions annually.**

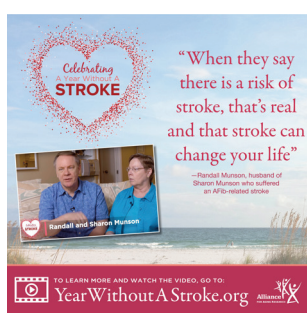
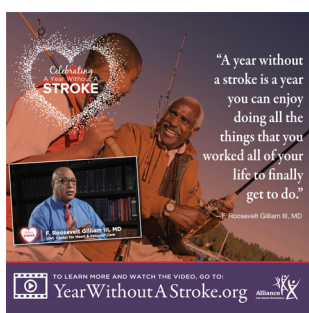
SIMPLE WAYS TO EXPLAIN THE RISK OF BLEEDING FROM AN ANTICOAGULANT

- Anticoagulants also affect normal clotting—making users more vulnerable to bleeding and more likely to experience easy bruising or small cuts that take longer to stop bleeding.
- ALL anticoagulants, including the newer direct oral anticoagulants, have a risk of bleeding—not just Warfarin.
- In some cases, serious bleeding can happen in the GI system or brain, and can cause disability and even death.
- However, fatal bleeding from an anticoagulant is rare. For most AFib patients, the benefit of stroke prevention far outweighs the risk of bleeding.
- We will work with you to make sure you understand your risk factors for bleeding, and to reduce and manage those risks.
- In most cases, factors such as older age, frailty, and risk of falls are NOT reasons to avoid anticoagulation.
- You may have seen advertisements from law firms making anticoagulants seem like “bad drugs.” These ads significantly exaggerate the risk of bleeding and fail to discuss the significant life-saving benefit of these drugs. NEVER stop taking your anticoagulant without checking with me, or our healthcare team.
- While there are some individuals who should not be on an anticoagulant because their risk of bleeding is too high, these drugs are approved by the FDA to be safe and effective for the general population.

SIMPLE WAYS TO EXPLAIN HOW LONG ONE NEEDS TO TAKE AN ANTICOAGULANT

- As long as you have AFib you will likely have to take an anticoagulant to reduce your risk of stroke.
- Don't stop your anticoagulant without talking with me, or a member of our healthcare team, first. Without your anticoagulant you are at risk of stroke, and with a new direct oral anticoagulant, it stops protecting you as soon as you stop taking it.
- Be sure to tell me about anything that might affect your ability to follow the medication directions—like memory loss, access to monitoring clinics, difficulty paying for medication, or dietary restrictions—so that we can help.
- Tell me right away about any changes to your health, symptoms, or medication side effects.
- Making treatment decisions and effectively managing your condition is a partnership, so tell me if you have questions or concerns.

Involve your whole healthcare team to reinforce these messages.



Direct your patients to the *Celebrating a Year without a Stroke* campaign to learn more from the real stories of people who have experienced and seen first-hand how serious AFib-related strokes can be. A year without a stroke is a year they can enjoy all of the things they worked all of their lives to finally get to do.

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