Here’s why AF puts you at risk:

1. **Circulation Problems** can lead to
2. **Blood Clots** can lead to
3. **Blockages**

Without a strong and regular contraction, your heart may not pump out the full amount of blood.

When blood remains in the heart, it can bind together and form a clot.

The clot can get pumped out of the heart and may become lodged in the brain. These blockages can cause a stroke.

**AF Stroke Facts:**

1. **In 4 ADULTS**
   At the age of 40, you have a one in four lifetime risk of developing AF.

2. **1.7 M** people are killed or disabled by AF-related stroke worldwide each year with immeasurable financial and emotional burden.

3. **5x** People living with atrial fibrillation have a 5x increased risk for stroke when compared with people who do not have atrial fibrillation.

4. **15-20%** of all strokes are linked to atrial fibrillation.

5. **About 35%** of people with atrial fibrillation go on to develop a stroke.

6. **Stroke** can affect anyone who has AF including young people and children, leaving many individuals, families, and societies dealing with grief and devastating disabilities.
You can improve your health habits which helps to reduce risks from related conditions you may also evaluate your need for anticoagulant medications.

A Healthy Diet

Exercise

Quitting Smoking

Quality Sleep

Help to lower your risks for:

- High blood pressure
- Diabetes
- Plaque blockages in blood vessels (heart disease)

Conditions to Treat or Prevent

High blood pressure raises risk for stroke by damaging arteries so they burst or clog more easily.

Diabetes increases risk for stroke by weakening blood vessels.

Plaque in the arteries (heart disease) due to high cholesterol leads to blockages that can raise stroke risk.

Blood clots caused by AF are more likely to become trapped in narrowed and damaged arteries.

Anticoagulants reduce risks for stroke.

How do they work?

Anticoagulant medication stops the blood remaining in the heart from forming a clot.

When the blood cannot form clots, the risk of stroke is greatly reduced.

Too many people with AF are missing this lifesaving medication. Most AF guidelines recommend warfarin or new anticoagulants to lower risks and save lives.

You CAN make a difference!
**WHO NEEDS A MEDICATION TO REDUCE STROKE RISKS?**

Calculate your risk factors.

Add points for each risk factor in your personal health history. Add your total.

- **C** Congestive Heart Failure: If yes, add 1
- **H** High Blood Pressure: If yes, add 1
- **A₂** Age 75 or more: If yes, add 2
- **D** Diabetes: If yes, add 1
- **S₂** Stroke or Mini-stroke: If yes, add 2
- **V** Vascular disease: Heart attack or blocked blood vessels: If yes, add 1
- **A** Age 65 - 74: If yes, add 1
- **SC** Sex Category - Female: If yes, add 1

**Calculate Your Total. Compare to Guideline Recommendations:**

- **Score = 0**: You are at low risk and do not need an anticoagulant.
- **Score = 1**: You may or may not need an anticoagulant. Discuss with your doctor.
- **Score = 2 or more**: You are at higher risk and would benefit from an anticoagulant.
If your heart goes into atrial fibrillation, it is important to prevent any blood remaining in the heart from forming into a clot. Clots can lead to a stroke. Anticoagulants reduce risks for stroke by lowering the blood’s ability form clots.

You can expect up to a 60-70% risk reduction from traditional warfarin = Risk reductions is equal to warfarin from the new anticoagulants.

What are the medical considerations and concerns linked with anticoagulants?

- Reducing the blood’s ability to clot can lead to increased bleeding.
- Some bleeding problems can be very serious, such as a brain bleed.
- Most people with AF can prioritize lowering stroke risks over bleed risks.
- Some foods and medications can lower warfarin's ability to work properly.
- Some medications should not be taken together with anticoagulants.

Find the right anticoagulant for you. Choices may include:

**Warfarin**
- The traditional anticoagulant
- Has been used and tested for many years

**New Anticoagulants**
- May include one of the following:
  - Dabigatran
  - Rivaroxaban
  - Apixaban
  - Edoxaban
5 WHAT ELSE CAN I DO TO REDUCE STROKE RISKS?

Discuss with your healthcare provider to learn more about which anticoagulant is best for you:

**WARFARIN**
- Can cause bleeding changes/risks
- Requires frequent blood testing at a lab or at home
- Must watch diet carefully
- Is inexpensive
- Stays in the body longer than the new anticoagulants

**NEW ANTICOAGULANTS**
- Can also cause bleeding changes/risks
- Does not require changing diet or testing blood
- Is costly when purchased at full price
- Must be taken on schedule because it leaves the body faster than warfarin
- May have less risk of brain bleeds than traditional warfarin

**Who cannot take new anticoagulants?**
- People who have valve-related AF or mechanical valves

**IN ADDITION TO REDUCING RISKS, KNOW THE SIGNS OF STROKE**
- Signs can be remembered using **F.A.S.T.**
  - Face: When asked to smile, part of the face droops.
  - Arms: When asked to raise both arms, one arm isn’t fully raised.
  - Speech: When asked to speak, the words are garbled.
  - Time: Call emergency immediately as time lost is brain lost.
- Additionally, numbness, weakness, confusion, sudden vision problems, or severe headaches can also be signs of a stroke.

Learn more at: signagainststroke.com

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