Atrial Fibrillation (AF) and Stroke

Atrial Fibrillation is one of the most common cardiac arrhythmias. It is associated with a five-fold increase in stroke risk and 1 out of 5 strokes are caused by AF. This risk is largely modifiable with anticoagulation (blood thinners).

Why does AF increase the likelihood of stroke?

Pooling
Because AF causes irregular atrial contraction blood that would normally move into the ventricle may stay in the atrium forming a “pool”.

Left Atrial (LA) Dysfunction
LA dysfunction may represent a transient station that precedes Atrial Fibrillation.

Current Challenges:
- Ensure appropriate dosing,
- Contraindications,
- Assessment of special populations (renal failure, elderly, weight <60 kg)

Issue:
Patients with AF anticoagulated are more likely to have stroke due to additional stroke mechanisms.

Key Management:
- Offer participation in integrated care approaches to enhance patients adherence
- Optimize management of other CV risk factors

Avoid Stroke
- Anticoagulants
  - Vitamin K Antagonists
  - Warfarin
  - DOACs
  - Dabigatran
  - Rivaroxaban
  - Apixaban
  - Edoxaban
- LA Appendage Exclusion
  - Surgical Percutaneous

Better Symptoms
- Heart rate control
  - Beta Blockers
  - CCBs
  - Digoxin
- Heart Rhythm Control
  - Cardioversion
  - Antiarrhythmics
    - Amiodarone, etc.
  - Ablation Surgical

Comorbidity Management
- Obesity management
- Blood pressure control
- Diabetes control
- Alcohol avoidance or reduction
- Moderate physical activity
- Heart failure control
- CAD management
- CPAP for sleep apnea

“ABC” Treatment

Acronyms:
CAD- Coronary Artery Disease
CPAP - Continuous Positive Airway Pressure

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