Preventing AF-related stroke

A Patient Discussion Guide

Boehringer Ingelheim

Preventing AF-related stroke

A Patient Discussion Guide

Boehringer Ingelheim

Preventing AF-related stroke

A Patient Discussion Guide

This side is for healthcare professionals.

This guide is not for direct distribution to patients and is intended to support healthcare professional and patient discussions on atrial fibrillation (AF).

Using this guide will take about ten minutes and will help you make the most of the consultation time.

Please read the introduction overleaf before using this guide with your patients.

Boehringer Ingelheim

This side is for patients

INTRODUCTION FOR HEALTHCARE PROFESSIONALS (TO BE READ IN ADVANCE OF PATIENT CONSULTATION)

Patients want to understand and be involved in decisions on how to manage their condition.[1] This Guide has been developed to help structure, simplify and streamline your discussions with patients who have atrial fibrillation (AF) on:

- Why they are at risk of an AF-related stroke
- How oral anticoagulant therapy can reduce that risk
- Understanding their preferences when selecting anticoagulant therapy

USER NOTES

Patient profile: patients diagnosed with AF and already identified as high risk for AF-related stroke, e.g. using CHA_2DS_2-VASc score, and anticoagulant therapy not contraindicated. This Guide can be used with:

- Newly diagnosed patients with AF
- Patients with AF already taking an anticoagulant who require a therapy review

This 'fold-flat' desk-top Guide provides you with key discussion points. Throughout there will be a small image on each healthcare professional (HCP) page showing what is depicted on the patient's side.

FURTHER CONSIDERATIONS

Understanding what having a stroke means

Many people are unclear on what a stroke is and may not know how severely it can affect different parts of their body and their everyday life. Therefore it is covered within this Guide.

Anticoagulant terminology

Oral anticoagulants (OACs) are simply called anticoagulants within this Guide. The mode of administration will be covered when you tell the patient how to take the anticoagulant you are prescribing.

Understanding the difference between treating symptoms of AF versus reducing the risk of AF-related stroke

Some patients may wish to discuss symptoms of AF. If necessary you can explain that there are also AF treatments and procedures that will help reduce AF symptoms.

Asymptomatic patients may not understand why they need to take a medicine if they cannot 'feel' their AF. It may be necessary to clarify that AF is associated with an increased risk of stroke regardless of whether they have AF symptoms or not. In this case, it is worth emphasising the following points to the patient:

- They must continue to take their anticoagulant to benefit from its protective effect, even though they won't be able to feel it working and even if they don't feel symptoms from their AF
- Taking an anticoagulant will not guarantee that they will not have an AF-related stroke

Risk of bleeding with anticoagulants

The patient may need further explanation to put the risk of bleeding associated with anticoagulation into perspective and when to seek medical attention. It may also be helpful to give examples of when reversal of anticoagulation may be needed, e.g. if the patient has a bleed which cannot be controlled after an accident or if he/she needs urgent surgery, i.e. only in an emergency situation in hospital.

Summary of Product Characteristics

Before prescribing anticoagulation, please see the Summary of Product Characteristics to select the right dose for the patient, to check for specific contraindications and warnings for that anticoagulant and to explain to the patient how they will need to take their medication.[2–5] This information is not covered in this Guide. A patient alert card can be found in the medication package and the patient should be advised to carry this alert card at all times.

Preventing AF-related stroke

A Patient Discussion Guide

You have been identified as having an increased risk of stroke.

Boehringer Ingelheim

This side is for patients

This side is for healthcare professionals

Why are we here today?

During today's consultation we will discuss...

1. What is atrial fibrillation (AF)?

2. The link between:

your diagnosis of AF

and

your increased risk of having an AF-related stroke

3. Why a medicine (anticoagulant) should be taken to reduce your risk of having an AF-related stroke

4. Which medicine is most suitable for you:

working out your preferences about the medicines available according to their different features

5. Making a shared decision with your healthcare professional about which medicine to take

6. Any questions you may have

Why are we here today?

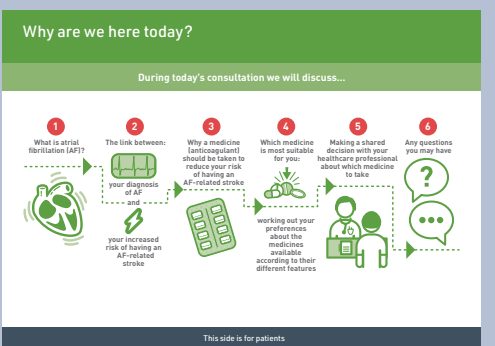
DISCUSSION POINTS

We will use this Guide to discuss:

- Your **diagnosis** of AF
- How AF **increases your risk** of AF-related stroke
- Why medicine is recommended to **reduce your risk** of AF-related stroke
- **Your preferences** about the medicines available, according to their different features
- Making a **shared decision** on which medicine to take

You can ask **questions** throughout

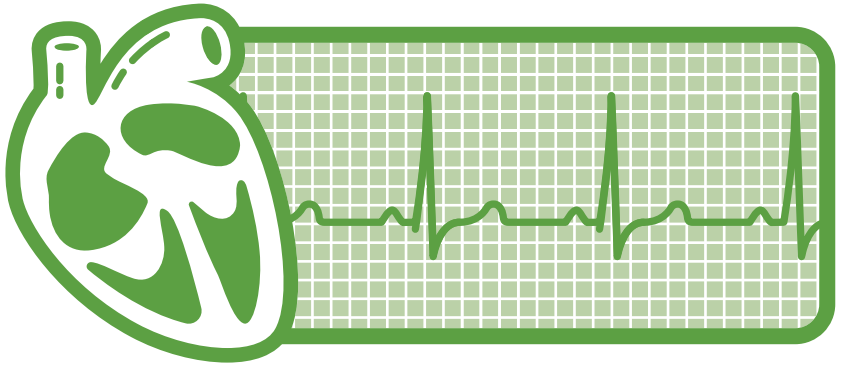
Patient's view:



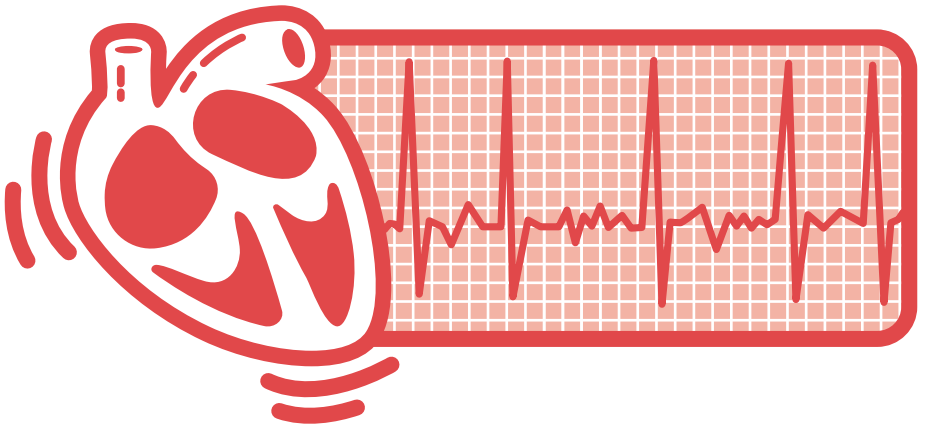
This side is for healthcare professionals

What is AF?

Having AF means that your heart rhythm is irregular



Normal rhythm of the heart

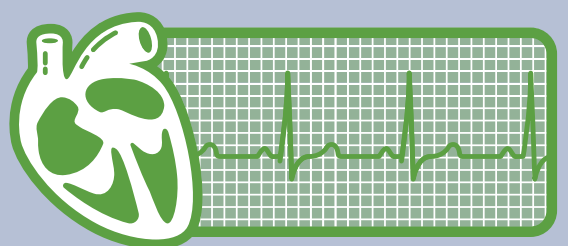


Irregular rhythm in a person with AF

Some people with AF do not have any symptoms at all but other people experience symptoms, for example palpitations (a strange fluttering or thumping feeling in their chest)[6]

What is AF?

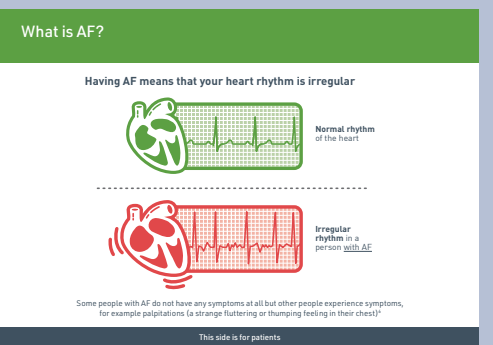
DISCUSSION POINTS



- Normally the heart beats in a steady, regular rhythm[6]

- If you have AF, your heart rhythm is not regular. In fact it is very irregular, chaotic and can even be very fast[6]
- While some people may experience symptoms, some people don't have any symptoms at all[6]
- Address AF symptoms as needed

Patient's view:



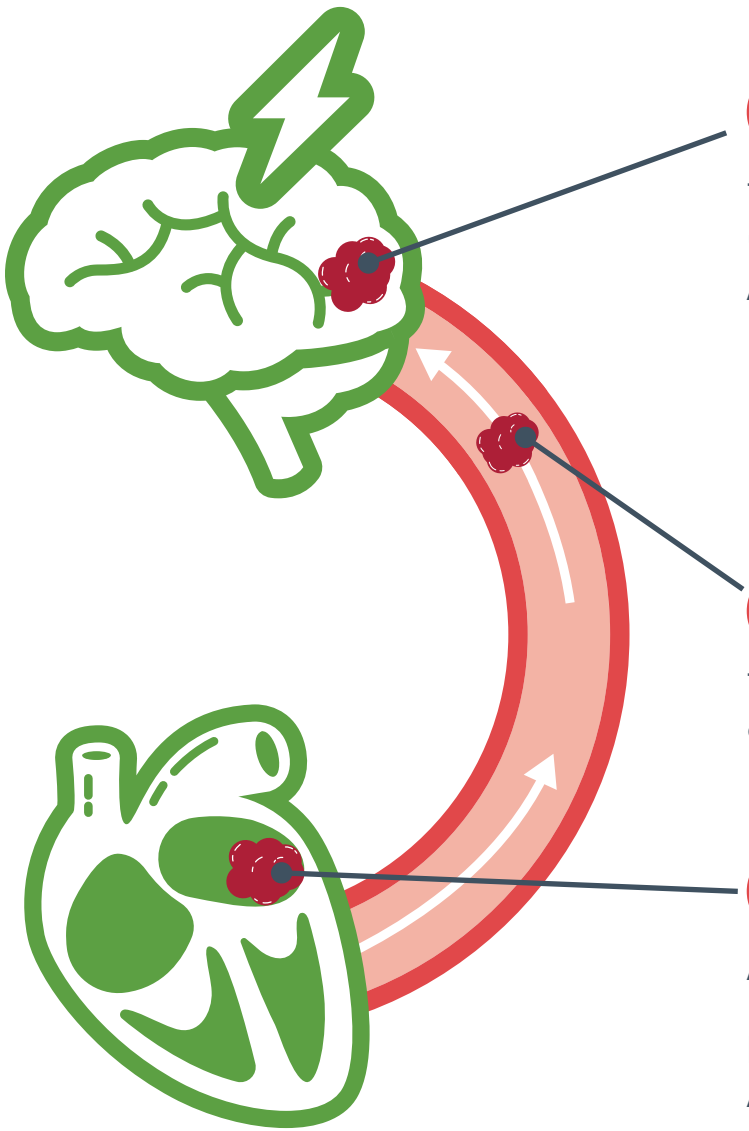
This side is for healthcare professionals

How does having AF increase my risk of stroke?

You are
5 times
more likely
to have a stroke
if you have AF than
if you don't[7]

AF-related stroke can lead to **persistent disability in three out of five** people and even **death for one in five**[8]

This is why it is so important to take the medicine (anticoagulant) exactly as prescribed to reduce your risk of an AF-related stroke



3

The **blood supply is cut off** to part of the brain, causing a stroke[9]

A stroke leads to **brain damage**[9]

2

The clot can travel to the brain and get **stuck in a blood vessel**[9]

1

An irregular heart rhythm from having AF can **lead to blood pooling in the heart**[9]

A clot can potentially form[9]

How does having AF increase my risk of stroke?

DISCUSSION POINTS

The link between AF and AF-related stroke:

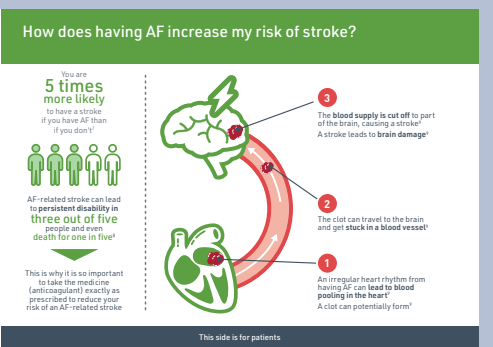
- Patients with AF are 5x more likely to have a stroke than patients without AF[7]

1. Irregular heart rhythm can lead to blood pooling in the heart and potentially forming a clot[9]

2. The clot can travel to the brain[9]

3. If the clot gets stuck in a blood vessel, the blood supply is cut off. This causes brain damage[9]
   - This is a stroke

Patient's view:



This side is for healthcare professionals

An AF-related stroke can affect the way the body works and your quality of life[10]

Vision

Facial weakness and speech

Swallowing

Bladder/ bowel control

Memory and concentration

Mobility, muscle weakness, balance, use of hands and decreased independence

Emotional well-being, tiredness, and pain

Changes to interaction with family and friends

An AF-related stroke can affect the way the body works and your quality of life[10]

DISCUSSION POINTS

The potential impact of an AF-related stroke:

Persistent disability and even death[7,10]

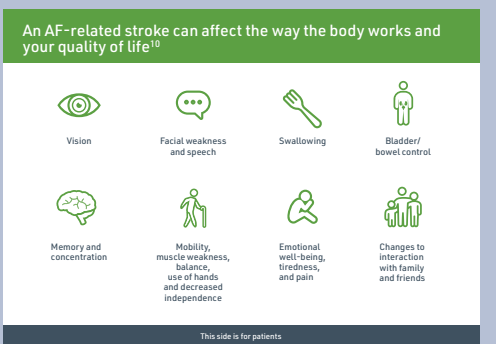
- Activities such as walking, having a conversation, watching TV or preparing and eating meals can be made more difficult or even impossible

- Loss of everyday way of life, including job and independence

- Changes in emotion, including guilt, anger, loss of self-esteem and depression

- Big effect on family and friends as AF-related stroke survivors can require a high level of everyday care[10]

Patient's view:



This side is for healthcare professionals

How do I lower my risk of an AF-related stroke?

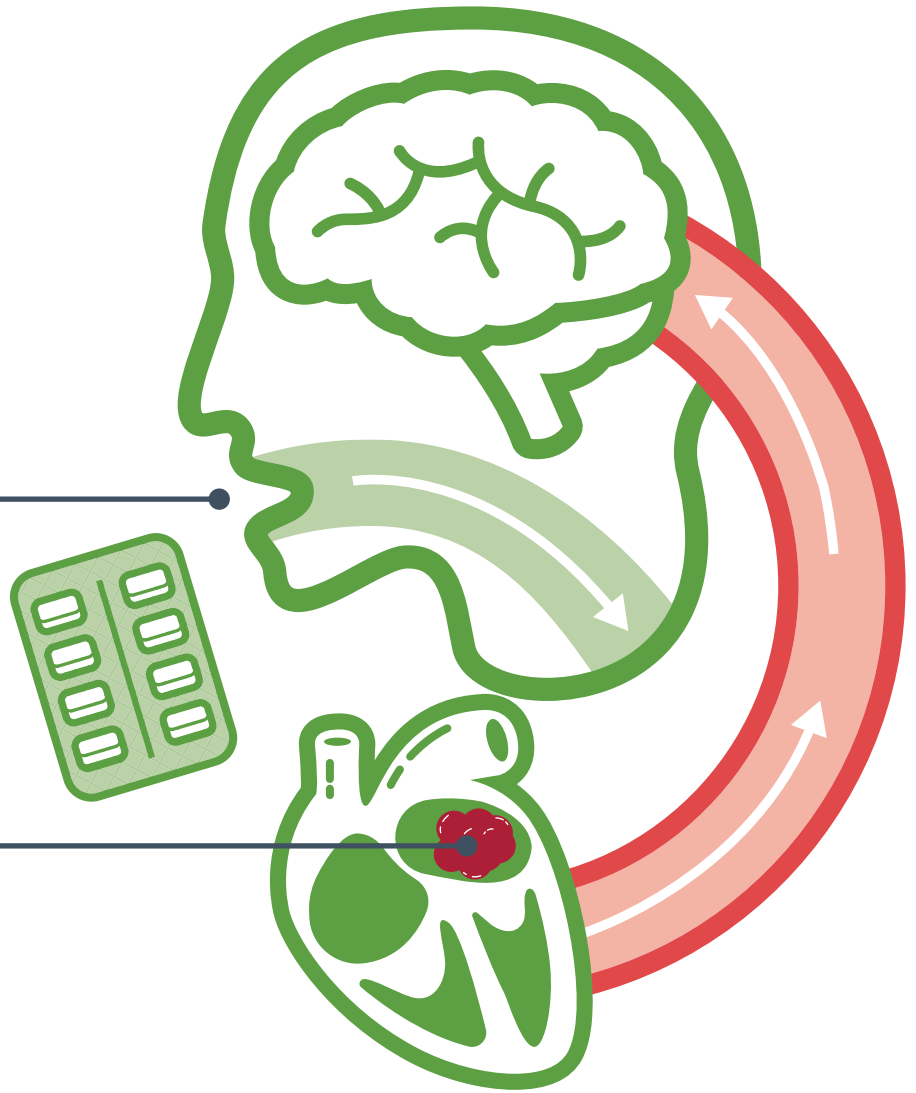
With an anticoagulant

1

An anticoagulant is medication used to **help prevent blood clots** from forming[9,11]

2

Anticoagulants are proven to **reduce the risk** of an AF-related stroke by slowing down and **reducing the formation of blood clots** in the hearts of people with AF[9,11]



How do I lower my risk of an AF-related stroke?

DISCUSSION POINTS

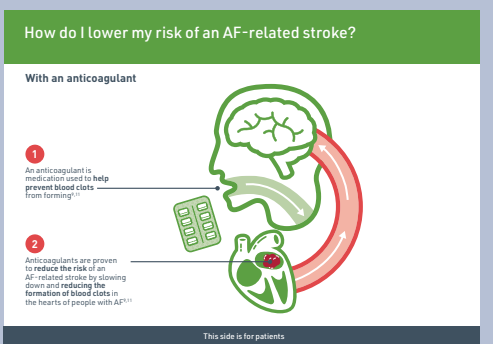
1

- Anticoagulants **help prevent blood clots** from forming[9,11]
- Anticoagulants are proven to **reduce the risk of an AF-related stroke** by two thirds compared to no treatment[11]

2

- Anticoagulants are prescribed specifically to reduce the risk of an AF-related stroke. They do not cure AF or treat the symptoms of AF[11]
- Anticoagulants also help prevent clots forming throughout the body so if you suffer an injury it will take longer to stop the bleeding[9,12]

Patient's view:



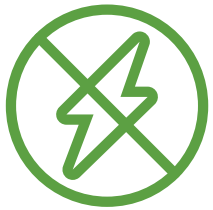
This side is for healthcare professionals

How do I lower my risk of an AF-related stroke?

Choosing the right anticoagulant for you

There are several anticoagulants available. Discussing the following list of features **will help you and your healthcare professional decide** which anticoagulant is the most appropriate for you.

Common characteristics of anticoagulants



Effective in preventing AF-related stroke

Risk of bleeding – a side effect that can happen because all anticoagulants increase the time it takes for blood clots to form

Features that differ between anticoagulants

The need to follow **dietary restrictions** when taking it, or whether it has to be **taken with food**

Whether you take it **once** or **twice** a day

If the **anticoagulant effect can be stopped immediately** if necessary, for example if emergency surgery is required

Please discuss your preferences so your healthcare professional can use them to decide which therapy is the most appropriate for you.

This side is for patients

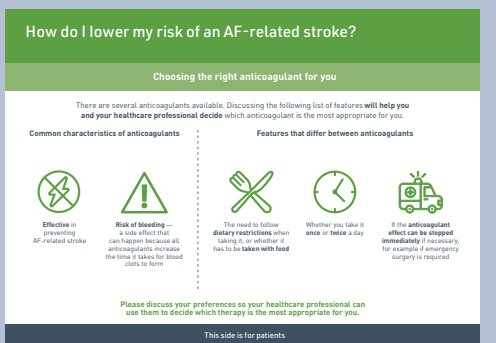
How do I lower my risk of an AF-related stroke?

DISCUSSION POINTS

- Several anticoagulants are available with various different features
- Let's use the list to consider each of the key features of anticoagulants and agree which ones are most important to you

  Note to healthcare professional: *Use the infographic on the patient side to identify the patient's preferences*
- Explain to the patient how to take the anticoagulant therapy selected
- Use your knowledge to discuss the main features and benefits of the available anticoagulants

Patient's view:


How do I lower my risk of an AF-related stroke?

Choosing the right anticoagulant for you

There are several anticoagulants available. Discussing the following list of features **will help you and your healthcare professional decide** which anticoagulant is the most appropriate for you.

Common characteristics of anticoagulants

Effective in preventing AF-related stroke

Risk of bleeding — a side effect that can happen because all anticoagulants increase the time it takes for blood clots to form

Features that differ between anticoagulants

The need to follow **dietary restrictions** when taking it, or whether it has to be **taken with food**

Whether you take it **once** or **twice** a day

If the **anticoagulant effect can be stopped immediately** if necessary, for example if emergency surgery is required

Please discuss your preferences so your healthcare professional can use them to decide which therapy is the most appropriate for you.

This side is for patients

Features of available anticoagulants that may be included in the discussion	
Effectiveness at reducing AF-related strokes[13–19]	Administration with food
Risk of bleeding[13–19]	Dosing regimen
Interactions with food	The means to immediately reverse the effects of the anticoagulant in an emergency

Available OACs

- Dabigatran
- Rivaroxaban
- Apixaban
- Edoxaban
- Warfarin

No direct comparisons in clinical trials between non-vitamin K antagonist oral anticoagulants (NOACs) are available

Discussion and questions

Next steps:

- Keep taking your anticoagulant as prescribed – make sure you are clear on how to take your anticoagulant and what follow-up is needed with your healthcare professional or a member of their team
- Seek medical advice to discuss any concerns. Do not stop taking your anticoagulant without speaking to a healthcare professional
- Your healthcare professional will explain when to seek immediate medical attention

Additional patient advice:

- Carry the patient alert card at all times in case of an emergency

For more information:

Atrial Fibrillation Association
www.heartrhythmalliance.org/afa/uk/

Stroke Association
www.stroke.org.uk

NHS Choices
www.nhs.uk/Conditions/Atrial-fibrillation

Discussion and questions

DISCUSSION POINTS

Confirm with the patient:

- The anticoagulant prescribed best meets the patient's preferences
- How to take the anticoagulant being prescribed
- Why it is important to keep taking the anticoagulant

Additional patient advice:

1 Risk of major bleeding in people taking anticoagulants is low but seek immediate medical attention if:
   - You have a serious injury where there is a lot of bleeding, that shows no signs of stopping and/or you hit your head
   - You see blood in your urine or poo (this might make your poo look dark in colour like tar) or if you cough/vomit up blood

2 Carry the patient alert card at all times in case of an emergency

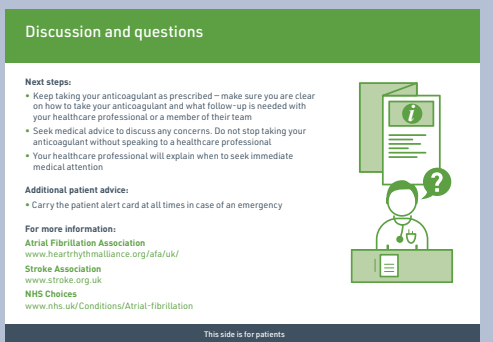
3 Contact a healthcare professional if you have any concerns about your anticoagulant

4 Tell other healthcare professionals that you are taking an anticoagulant when you visit, for example your dentist or the healthcare professionals involved if you are having any surgery or invasive procedures

5 For more information about AF or anticoagulation you can visit or contact one of the following sources: **Atrial Fibrillation Association** www.heartrhythmalliance.org/afa/uk/atrial-fibrillation, 01789 867502, info@afa.org.uk; **Stroke Association** www.stroke.org.uk; **NHS Choices** www.nhs.uk/Conditions/Atrial-fibrillation

- Final questions?

Patient's view:



This side is for healthcare professionals

Disclaimer

This tool provides information to guide the healthcare professional–patient discussion for patients with diagnosed AF at risk of AF-related stroke. This should be used in the consultation and is not intended to replace the advice of a healthcare professional. Individuals should always discuss their condition with their own healthcare professional.

This patient discussion guide was compiled following a review of current guidance on patient–healthcare professional dialogue, clinical research and patient literature. The content was developed with input from the AF Association including an independent review by Trudie Lobban (Founder & CEO).

AFAssociation®
www.afa-international.org

Disclaimer

This tool provides information to guide the healthcare professional–patient discussion for patients with diagnosed AF at risk of AF-related stroke. This should be used in the consultation and is not intended to replace the advice of a healthcare professional. Individuals should always discuss their condition with their own healthcare professional.

This patient discussion guide was compiled following a review of current guidance on patient–healthcare professional dialogue, clinical research and patient literature. The content was developed with input from the AF Association including an independent review by Trudie Lobban (Founder & CEO).

AFAssociation®
www.afa-international.org

This side is for patients

References

1 Lane DA, *et al. Clin Cardiol* 2018;41:855–861.

2 Bayer. Xarelto® Summary of Product Characteristics.

3 Boehringer Ingelheim. Pradaxa® Summary of Product Characteristics.

4 Bristol-Myers Squibb-Pfizer, Eliquis® Summary of Product Characteristics.

5 Daiichi Sankyo. Lixiana® Summary of Product Characteristics.

6 AF Association. Atrial fibrillation (AF) patient information leaflet. Accessed at: heartrhythmalliance.org/resources/view/307/pdf, Last accessed June 2019.

7 Savelieva I, Bajpal A and Camm J. *Ann Med* 2007;39:371–391.

8 Gladstone DJ, *et al. Stroke* 2009;40:235–240.

9 Stroke Association. Atrial fibrillation (AF) and stroke information leaflet. Accessed at: https://www.stroke.org.uk/resources/atrial-fibrillation-af-and-stroke, Last accessed June 2019.

10 Stroke Association. When you have a stroke leaflet. Accessed at https://www.stroke.org.uk/sites/default/files/user_profile/when_you_have_a_stroke.pdf Last accessed June 2019.

11 NICE patient decision aid. Atrial fibrillation: medicines to help reduce your risk of a stroke – what are the options? Accessed at https://www.nice.org.uk/guidance/cg180/resources/cg180-atrial-fibrillation-update-patient-decision-aid-243734797. Last accessed June 2019.

12 Berian JR and Livingston EH, *JAMA* 2015;314:310.

13 Hart RG, *et al. Ann Intern Med* 2007;146:857–867.

14 Connolly SJ, *et al. N Engl J Med* 2009;361:1139–51.

15 Connolly SJ, *et al. N Engl J Med* 2010;363:1875–1876.

16 Connolly SJ, *et al. N Engl J Med* 2014;371:1464–1465.

17 Patel MR, *et al. N Engl J Med* 2011;365:883–891.

18 Granger CB, *et al. N Engl J Med* 2011;365:981–992.

19 Giugliano RP, *et al. N Engl J Med* 2013;369:2093–2104.

NP-UK-100395 V1 June 2019

This side is for patients