

Guidelines:

- Assess bleeding risk and choose warfarin, apixaban, rivaroxaban, or edoxaban based on patient factors.
- Maintain INR 2-3 if on warfarin; ensure compliance with NOACs
- **Hypertension management:**
 - Lifestyle modification: low salt diet, exercise, weight loss if BMI >25
 - Medications: ACEI or ARB first line, add calcium channel blocker or thiazide diuretic to reach goal BP
 - Monthly home BP monitoring; adjust meds to maintain BP <130/80 mmHg
- Statin therapy even if normal cholesterol
 - Check baseline lipids, repeat lipid panel at 3 months, and adjust the dose to reach LDL <70 mg/dL
- **Lifestyle modification:**
 - Smoking cessation if a smoker
 - Offer counseling, nicotine replacement, and/or pharmacologic support
 - **Diet:**
 - Meet with a registered dietician to review the Mediterranean diet principles:
 - Emphasize fruits, vegetables, whole grains, legumes, nuts and olive oil
 - Limit red meat to a few times per month
 - Avoid processed foods, sweets, and sugary beverages
 - Limit alcohol to 1 drink per day maximum
 - Increase intake of omega-3 fatty acids like fish and walnuts
 - Reduce salt intake to <2.3 grams (1500 mg sodium) daily
 - Ask about food preferences and come up with an individualized meal plan
 - Refer to community resources like cooking classes focused on healthy cooking
 - **Exercise:**
 - Get clearance from a neurologist before starting the exercise program
 - Start with low-impact cardio like walking, swimming, or stationary bike 2-3 times per week
 - Gradually increase to 30-40 minutes of moderate-intensity cardio 5 times per week
 - Incorporate resistance training 2-3 times per week once tolerated
 - Consider referral for physical therapy for a guided rehab program
 - Advise checking heart rate and staying under the maximum heart rate target
 - Encourage finding enjoyable activities like dancing, golf, yoga, and group classes

- **Weight Management:**
 - Calculate BMI - refer to a dietician if BMI > 25 kg/m²
 - Set realistic weight loss goals, like losing 1 lb per week
 - Keep food and exercise journals to identify areas for improvement
 - Consider commercial weight loss programs that provide social support
 - Make dietary changes for calorie reduction like reducing portion sizes
 - Incorporate strength training to maintain muscle mass in weight loss
 - Follow up monthly to assess progress and barriers
- Social support systems and stress reduction techniques

Treatment Plan:

- Apixaban 5mg BID (Twice daily dosing) [1]
- Lisinopril 40mg daily, titrate as needed [2]
- Atorvastatin 40mg daily [3]
- Aspirin 81mg + clopidogrel 75mg daily x 30 days, then transition to apixaban alone [4]
- Cardiac monitoring and cardiology follow-up [5]

Follow up:

- Cardiology referral to evaluate for AF ablation if high risk of recurrence
- Physical/occupational therapy evaluation if needed
- Ophthalmologic exam for retinal emboli
- Labs at regular intervals: CBC, CMP, INR if on warfarin

References:

1. Chan, Noel C., and John W. Eikelboom. "How I manage anticoagulant therapy in older individuals with atrial fibrillation or venous thromboembolism." *Blood, The Journal of the American Society of Hematology* 133.21 (2019): 2269-2278.
2. Fleg, Jerome L., Wilbert S. Aronow, and William H. Frishman. "Cardiovascular drug therapy in the elderly: benefits and challenges." *Nature Reviews Cardiology* 8.1 (2011): 13-28.
3. Diener, Hans-Christoph, and Graeme J. Hankey. "Primary and secondary prevention of ischemic stroke and cerebral hemorrhage: JACC focus seminar." *Journal of the American College of Cardiology* 75.15 (2020): 1804-1818.
4. Pop, Călin, Diana Țînt, and Antoniu Petris. "Management of antithrombotic therapy in patients with atrial fibrillation and acute coronary syndromes." *Reviews in Cardiovascular Medicine* 22.3 (2021): 659-675.
5. Hawkins, Nathaniel M., et al. "Impact of cardiology follow-up care on treatment and outcomes of patients with new atrial fibrillation discharged from the emergency department." *EP Europace* 22.5 (2020): 695-703.