### **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 Țînț, 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.