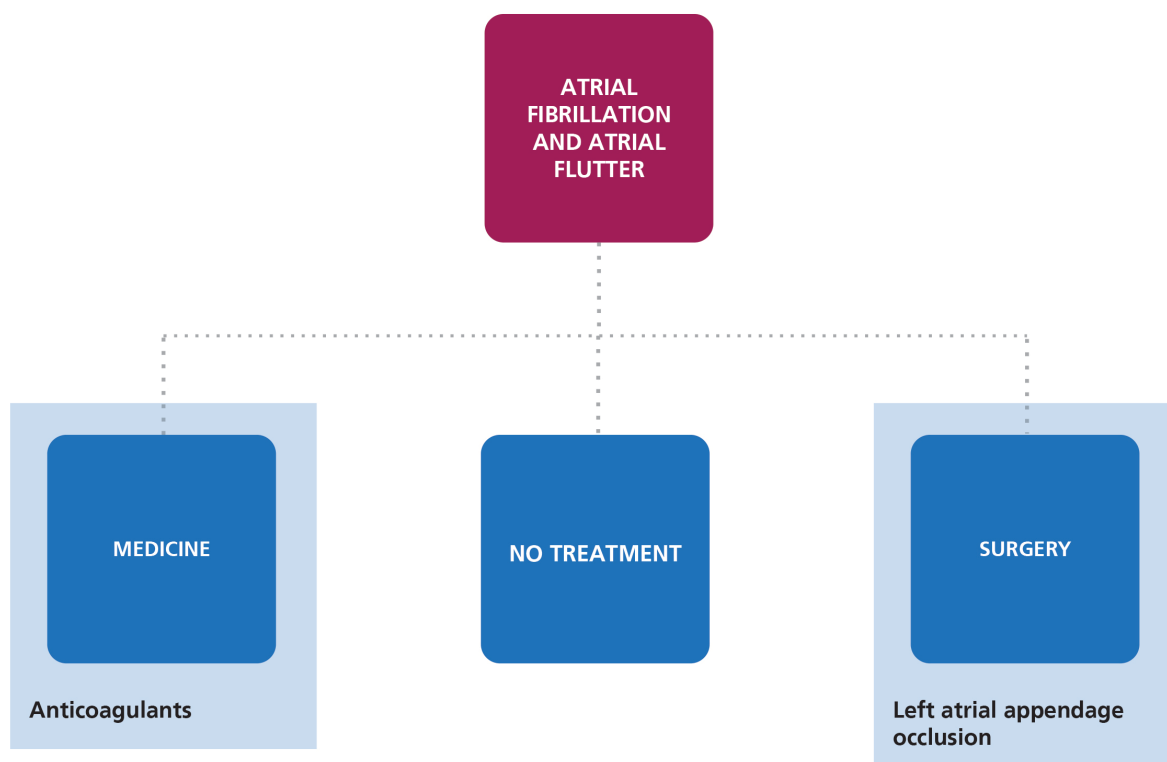


## Deciding what to do about atrial fibrillation or flutter

This short decision aid is to help you decide what to do about your atrial fibrillation or flutter to lower your chances of having a stroke. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are three main options for treating atrial fibrillation or flutter. The choices are:

- **Medicines (anticoagulants).** This means taking tablets called anticoagulants, usually every day for life. These tablets make people's blood less likely to clot. This means there is less chance of getting a stroke. There are three main types of anticoagulant medicine.
- **No treatment.** This means choosing not to have treatment to reduce the chance of having a stroke.
- **Surgery.** This means having an operation called a left atrial appendage occlusion. This operation closes (occludes) a small muscular pouch attached to the heart (the left atrial appendage). This operation may reduce the chance of people getting a stroke because blood clots often start to form in this pouch. This operation is not widely available in the UK and has only been performed in a small number of people.



## What are my options?

| Treatment  | What is the treatment?   |
|--|--|
| <b>Medicine (anticoagulants)</b>                 | <p>Anticoagulants are medicines that reduce the chance of having a stroke. They work by 'thinning' the blood, making it less able to form clots. They also work by stopping existing clots from getting bigger.</p> <p>There are three main types of anticoagulant used to treat atrial fibrillation and atrial flutter (the names of the medicines are in brackets): Vitamin K antagonists (warfarin), Xa inhibitors (apixaban, rivaroxaban), and Thrombin inhibitors (dabigatran).</p> <p>All anticoagulant medicines come in the form of tablets.</p>   |
| <b>No treatment</b>                              | <p>Not everyone with atrial fibrillation or atrial flutter chooses to have treatment or needs to have treatment. People who have a small chance of having a stroke may choose to have their condition monitored by their doctor instead. This is called active monitoring or active surveillance.</p> <p>If you choose not to have treatment, your doctor will probably suggest you have a check-up about once a year to see if your chance of having a stroke has changed. If you develop more factors that increase your chance of stroke (conditions such as diabetes or high blood pressure), your doctor will probably suggest you start treatment.</p>   |
| <b>Surgery (left atrial appendage occlusion)</b> | <p>This is an operation to close off a small pouch in the heart.</p> <p>The left atrial appendage is a small finger-shaped pouch attached to the left atrium of the heart. Nobody knows exactly what it is for. For people with atrial fibrillation, blood clots can form in the left atrium. These blood clots can escape from the heart and block blood vessels in the brain, causing a stroke. It is common for blood clots in the left atrium to form in this pouch.</p> <p>Left atrial appendage occlusion blocks the entrance to this pouch by implanting a small device.</p> <p>This operation is not widely available in the UK and has only been performed in a small number of patients.</p> |

| Treatment  | What is the effect on your chance of having a stroke?  |
|--|--|
| <b>Medicine (anticoagulants)</b>                 | <p>People with atrial fibrillation can lower the chance of having a stroke by taking anticoagulants. The amount of change depends on the individual chance of stroke, measured by CHADS2 score. Someone with a CHADS2 score of 2 has about a 40 in 1,000 chance of having a stroke over the course of a year. Taking anticoagulants reduces this to about a 14 in 1,000 chance.[1] The anticoagulants seem to work about as well as each other at reducing the chance of having a stroke.[2]</p> |
| <b>No treatment</b>                              | <p>Choosing not to have a treatment means a person's chance of having a stroke is likely to stay the same or get higher. People with atrial fibrillation are given a CHADS2 score for their chance of having a stroke. This score gives a chance of having a stroke each year ranging from 19 in 1,000 to 182 in 1,000. People with a CHADS2 score of 1 or higher are likely to be offered treatment with anticoagulant medicines.</p>   |
| <b>Surgery (left atrial appendage occlusion)</b> | <p>People with atrial fibrillation may be able to reduce their chance of having a stroke by having surgery. This operation has not been used for long and we need to see more research before we can say for certain that it reduces the chance of having a stroke.</p> <p>In one group of people with atrial fibrillation, left atrial appendage occlusion was as effective as warfarin in reducing the chance of stroke.[3]</p>  |

| Treatment  | What consequences does this treatment have?   |
|--|---|
| <b>Medicine (anticoagulants)</b>                 | <p>People who take warfarin have to attend regular appointments to have their blood tested. The test is to check that the blood is clotting at the right speed. The aim is to achieve a balance between the chance of bleeding if blood clots too slowly and the chance of a stroke if blood clots too quickly. People taking other anticoagulation medicines do not need regular blood tests.</p> <p>People may find it hard to fit these visits into their schedule.</p> <p>People taking other anticoagulation medicines do not need to have blood tests. People may find that these treatments give them more freedom than warfarin.</p> <p>Foods containing vitamin K (such as broccoli, brussels sprouts, chard, kale, and spinach) have an effect on warfarin. People taking warfarin can eat foods containing vitamin K, but if their diet changes a lot, they may need to have their warfarin dose adjusted.</p> |
| <b>No treatment</b>                              | <p>People who don't have treatment have no change in what they can do.</p> <p>They are likely to be advised to have an annual check-up with their GP to look at their chances of having a stroke. The chance of a stroke may increase over time. People can decide to start treatment if their chance of having a stroke increases.</p>   |
| <b>Surgery (left atrial appendage occlusion)</b> | <p>People who have this operation need to avoid strenuous activity and exercise for about one month afterwards.</p> <p>The operation takes about one hour.[4] People usually stay in hospital for at least 24 hours after the operation.</p> <p>Most people go back to hospital about six weeks after the operation to check the device is fitted properly and there are no complications. They may have a check-up six months after the operation and another one a year after the operation.</p> <p>People having this operation usually need to take warfarin before the operation and for about six weeks afterwards. After that, they are likely to need to take antiplatelet medicine for the rest of their lives.</p>  |

| Treatment  | What side effects or complications does this treatment have?  |
|--|---|
| <b>Medicine (anticoagulants)</b>                 | <p>The most common side effect of taking anticoagulants is getting problems with bleeding. This happens because anticoagulants slow the rate at which blood clots.</p> <p>Anticoagulants can cause bleeding in the brain (a haemorrhagic stroke). This affects between 1 and 5 people in every 1,000 who have this treatment.[5] [6] [7]</p> <p>Anticoagulants can also cause bleeding in the stomach or bowel (gastrointestinal bleeding). This can affect between 8 and 32 people in every 1,000 who have this treatment.[8] [9] [10]</p> <p>Anticoagulants also cause more minor bleeding problems, such as nose bleeds, bleeding gums, and, for women, heavier periods. People taking anticoagulants may also bruise more easily and cuts may take longer to heal.</p> <p>There is not a big difference in the side effects of the different medicines. Some may suit some people better than others.</p> |
| <b>No treatment</b>                              | <p>There are no direct side effects from having no treatment. People who have no treatment have a higher chance of having a stroke than people who have treatment.</p>  |
| <b>Surgery (left atrial appendage occlusion)</b> | <p>Between 40 and 80 people in every 1,000 who have this treatment have a serious problem such as a stroke, a puncture to the heart or problems with the device becoming dislodged. These complications may happen at the time of the operation.[11]</p>  |

## What are the pros and cons of each option?

People with atrial fibrillation or flutter have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment of atrial fibrillation or flutter:

- Are they willing to wait and see what happens to their condition?
- Is it most important to them to have a treatment that has the best chance of preventing a stroke?
- Are they willing to spend much time in hospital or having treatment?
- Are they willing to have a treatment that has a chance of side effects or complications?
- Are they willing to have a treatment that affects their lifestyle?