PATIENT NAME _____ DATE _____

Understanding Atrial Fibrillation

and Your Stroke Risk

This guide has been prepared to help you understand atrial fibrillation (AF), why it increases the risk of stroke, and how your healthcare team assesses that risk. It is intended to support the conversation with your healthcare professional — not to replace it.

WHAT IS ATRIAL FIBRILLATION (AF)?

The heart normally beats in a regular, coordinated rhythm. In atrial fibrillation, the two upper chambers of the heart — the atria — quiver chaotically rather than contracting in an organised way. This disrupts the normal flow of blood through the heart.

AF is the most common sustained heart rhythm disorder, affecting millions of people worldwide. It becomes more common with age and can occur with or without obvious symptoms.

COMMON SYMPTOMS

- Palpitations or irregular heartbeat
- Shortness of breath
- Fatigue or reduced exercise tolerance
- Dizziness or light-headedness
- Chest discomfort
- No symptoms at all — often discovered incidentally

COMMON RISK FACTORS FOR AF

- Increasing age
- High blood pressure
- Heart disease or heart failure
- Diabetes
- Obesity and physical inactivity
- Excess alcohol consumption
- Thyroid disorders

WHY DOES AF INCREASE STROKE RISK?

When the atria fibrillate rather than contract properly, blood can pool and become sluggish — particularly in a small pouch in the left atrium called the left atrial appendage. This pooling creates conditions where blood clots can form.

If a clot breaks free and travels to the brain, it can block an artery and cause a stroke. AF-related strokes tend to be more severe than strokes from other causes, because the clots that form in the heart are often larger.

> *People with AF have approximately five times the risk of stroke compared to people without AF. However, this risk varies significantly from person to person — which is why individual assessment matters.*

The good news is that stroke risk in AF can be significantly reduced with the right treatment. Your healthcare team will assess your individual risk and discuss whether blood-thinning medication is appropriate for you.

PATIENT NAME _____ DATE _____

HOW IS STROKE RISK ASSESSED? THE CHA_2DS_2-VASc SCORE

To help guide decisions about stroke prevention, healthcare professionals use a validated scoring system called the CHA2DS2-VASc score. Each letter stands for a clinical risk factor, and points are added together to estimate an individual's annual stroke risk.

This score is a guide to support a clinical conversation — not a formula that automatically determines treatment. Your healthcare professional will consider it alongside your full medical history, other test results, and your own preferences.

Letter	Risk Factor	Points	What it means
C	Congestive Heart Failure	1	A history of heart failure or reduced heart function
H	Hypertension	1	High blood pressure, or on blood pressure medication
A2	Age ≥ 75 years	2	Age 75 or older carries double the point weighting
D	Diabetes Mellitus	1	Diagnosed diabetes, regardless of treatment type
S2	Stroke / TIA history	2	Prior stroke, TIA or blood clot — highest individual risk factor
V	Vascular Disease	1	Prior heart attack, peripheral artery disease or aortic plaque
A	Age 65–74 years	1	Age between 65 and 74 years
Sc	Sex Category Female	1	Being female adds one point — but is not used alone to trigger treatment
	MAXIMUM SCORE	**9**	

WHAT DOES THE SCORE MEAN?

The total score gives an indication of the estimated annual stroke risk. A higher score generally means a higher risk — but the score is always interpreted in the context of your full clinical picture. The table below shows approximate annual stroke risk by score:

Score	Approximate Annual Stroke Risk	Typical Clinical Consideration
0 (male) 1 (female)	Low	Anticoagulation generally not recommended
1 (male)	Moderate	Treatment decision made on individual factors
2 or more	Higher	Anticoagulation is often considered and discussed

Important: These categories are a guide only. Your healthcare professional will weigh your score alongside your bleeding risk, kidney function, other medications, and your own informed preferences before any treatment decision is made.

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STROKE PREVENTION IN AF — WHAT YOU SHOULD KNOW

When a healthcare professional determines that stroke prevention treatment is appropriate, blood-thinning medication — known as anticoagulation — is usually the main approach. There are different types available, and the right choice depends on your individual circumstances.

The decision about whether to start anticoagulation, and which type, is one that should be made in an open conversation with your healthcare team. It involves weighing the benefit of stroke prevention against the potential risk of bleeding — a balance that is different for every person.

Anticoagulation is not the same as aspirin

Aspirin does not effectively prevent AF-related stroke and is generally no longer recommended for this purpose. If you are currently taking aspirin for AF, this is worth discussing with your healthcare professional.

Regular review matters

Your stroke risk score can change over time as new risk factors develop — for example, developing high blood pressure or reaching a new age threshold. Regular review of your AF management is an important part of ongoing heart care.

QUESTIONS TO ASK YOUR HEALTHCARE PROFESSIONAL

- What is my CHA2DS2-VASc score and what does it mean for me specifically?
- Has my stroke risk changed since my last review?
- What are the benefits and risks of anticoagulation in my case?
- Are there lifestyle changes that could help reduce my overall risk?
- How often should my AF and stroke risk be reviewed?
- What symptoms should prompt me to seek urgent medical attention?
- Is there anything about my other medications or health conditions I should consider?

MY NOTES FROM THIS APPOINTMENT