



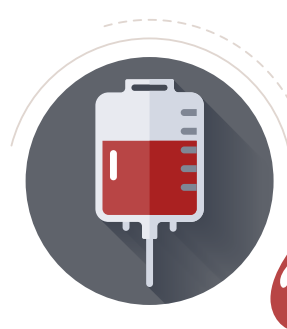
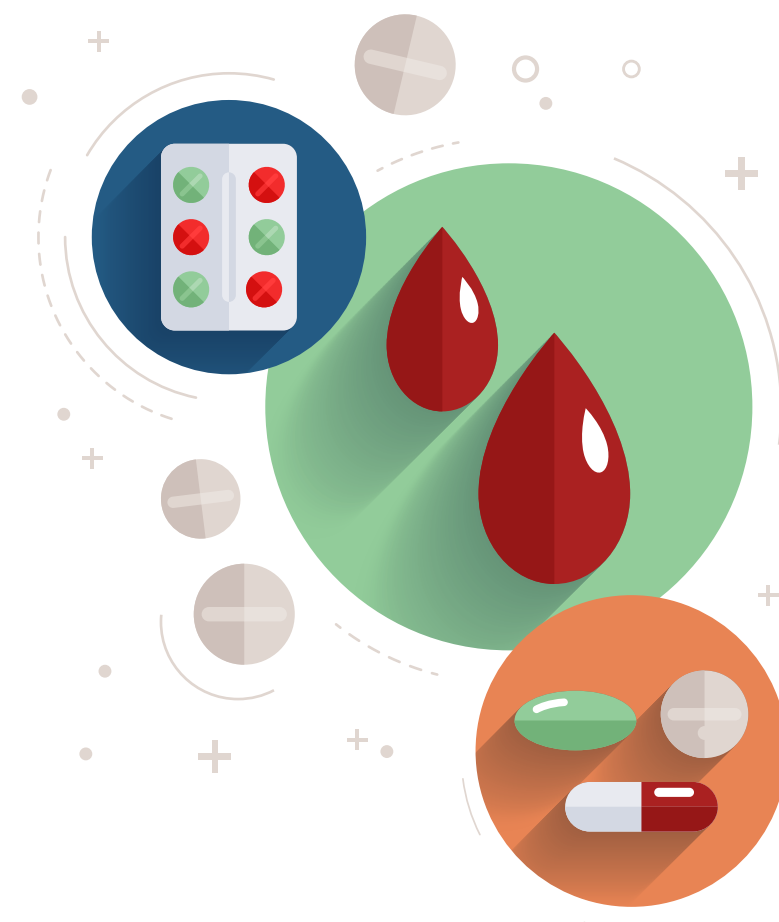
Weighing Your Options

Anticoagulants

An estimated **2.7 million** people have been diagnosed with Atrial Fibrillation, or AFib. AFib is an irregular heartbeat and can increase the risk of stroke **five times** by causing the blood to pool in the atria. Anticoagulants, which regulate the body's ability to clot, can be prescribed to help control this risk.

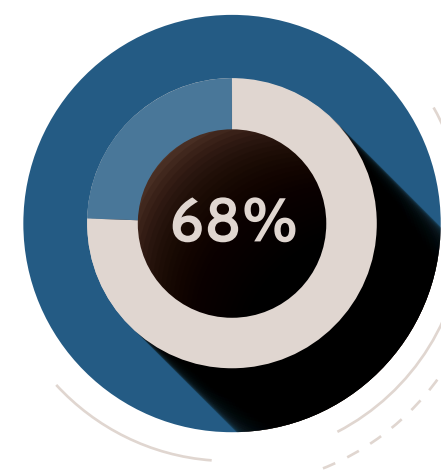
FACTS ABOUT ANTICOAGULANTS:

- They work by **blocking Vitamin K** or other clotting factors.
- Blood that can't clot as easily is commonly referred to as **'thin.'**
- They **prevent blood from clotting**, which means they can also cause unwanted bleeding or too much bleeding.
- The **biggest concern** with taking anticoagulants is that the body won't be able to clot enough when it needs to.
- Each anticoagulant has a specific option, or **reversal agent**, for helping the blood to clot more when it needs to.



The most common medication used to manage AFib is an **anticoagulant** or **blood thinner**

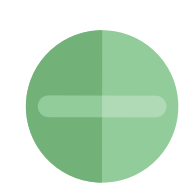
Anticoagulation therapy with warfarin for patients with AFib can reduce stroke risk by approximately **68%**



ANTICOAGULANTS

WITH REVERSAL AGENTS

Warfarin (Coumadin) and Dabigatran (Pradaxa) both have FDA approved reversal agents. These reversal agents would be used when the body is unable to clot enough when it needs to.



Warfarin (Coumadin) is the oldest and most commonly used oral anticoagulant. It works by targeting the Vitamin K pathway to prevent blood from clotting. It requires regular monitoring and strict diet control. Its FDA-approved reversal agent is Prothrombin complex concentrate or Kcentra. Vitamin K can also be administered as a reversal agent.



Dabigatran (Pradaxa) is taken twice a day and has a high GI (gastrointestinal) bleeding risk. Its FDA-approved reversal agent is Praxbind.

WITHOUT REVERSAL AGENTS*

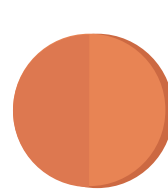
The following novel oral anticoagulants (NOACs) do not have an FDA-approved reversal agent. They require a blood specialist to determine best treatment.



Rivaroxaban (Xarelto) was the first NOAC developed. It only needs to be taken once a day, but has higher rates of GI bleeding.



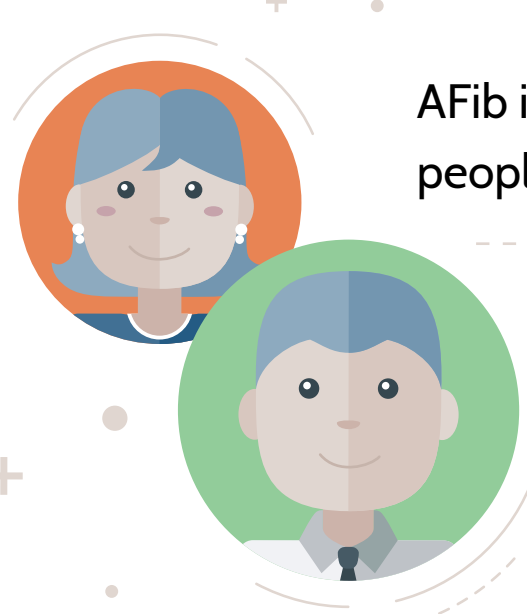
Apixaban (Eliquis) needs to be taken twice a day and should not be administered to patients with kidney dysfunction or older patients.



Edoxaban (Savaysa) is the newest anticoagulant on the market and is not as well studied. It is taken once a day.

* Check with your healthcare provider to see if new reversal agents have gained FDA approval and are now available for use.

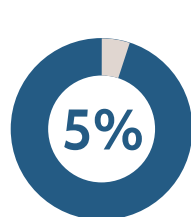
ANTICOAGULATION THERAPY STATISTICS:



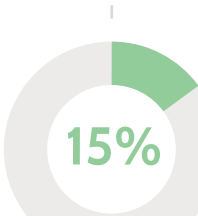
AFib is more common in people **over the age of 60**



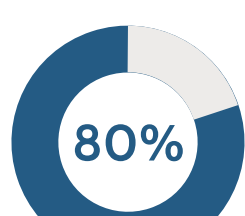
1 in 10 people over 80 have AFib



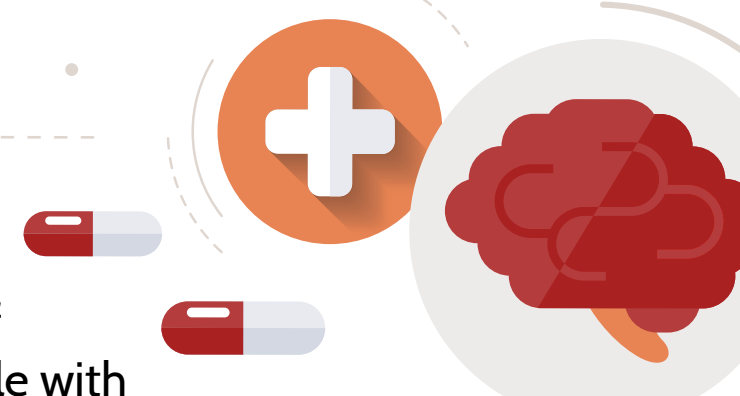
5% of people 65 years and older experience AFib



About **15%** of people who have strokes also have AFib

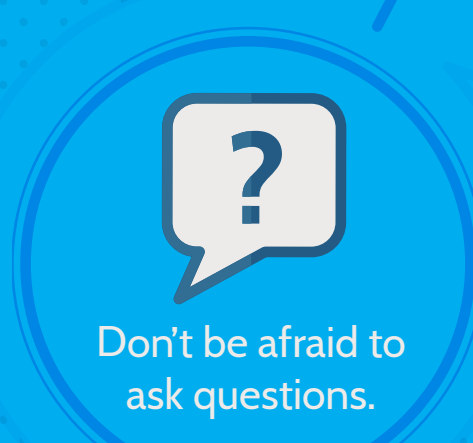
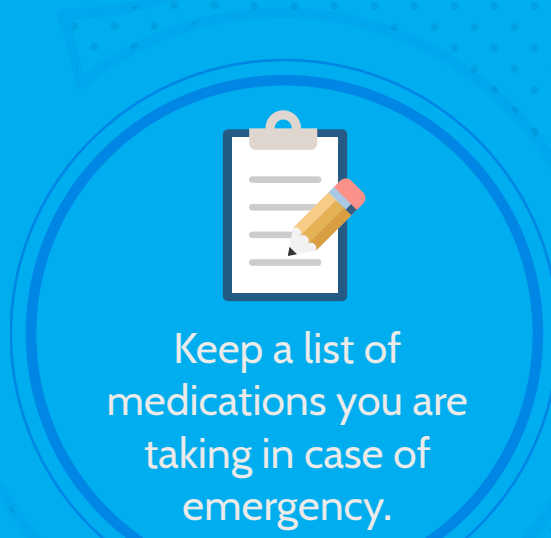
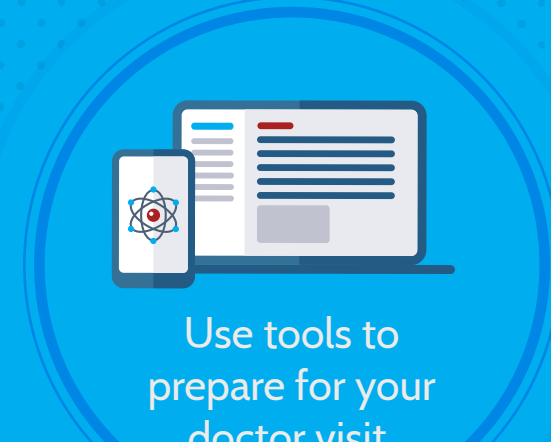


Up to **80%** of strokes in people with AFib can be prevented



Take charge of your health

Know your options and talk with your healthcare provider about what is best for you.



*Consult with your doctor before stopping treatment.