
Supplemental material

Several additional studies illustrate that 20% to 50% of actionable high-risk atrial fibrillation patients receive a prescription of oral anticoagulants on emergency department discharge (1-4).

Leading cardiology societies recommend prescribing antithrombotic therapy to patients with high-risk atrial flutter (5-7). The American Heart Association acknowledges that the evidence in support of stroke prevention in patients with atrial flutter is not as strong (Level C) as with AF (Level A) (5). This is because less stroke outcome research has been undertaken on patients with isolated atrial flutter (that is, without coexistent AF). The reason for this is that atrial flutter is far less prevalent than AF: many patients with atrial flutter have coexisting AF or develop AF over time (8, 9).

References for supplemental material


