

Vinson DR, Kea B, Coll-Vinent B, Barrett TW, Atzema CL. Enlisting emergency medicine clinicians to help reduce strokes in high-risk patients with atrial fibrillation and flutter. *Clin Pharm Ther.* 2018;

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

1. Penttila T, Makynen H, Hartikainen J, Lauri T, Lehto M, Lund J, et al. Anticoagulation therapy among patients presenting to the emergency department with symptomatic atrial fibrillation - the FinFib2 study. *Eur J Emerg Med.* 2017;24:347-52.
2. Scott-Herridge JA, Seifer CM, Steigerwald R, Drobot G, McIntyre WF. A multi-hospital analysis of predictors of oral anticoagulation prescriptions for patients with actionable atrial fibrillation who attend the emergency department. *Acute Card Care.* 2017:1-8.
3. Coll-Vinent B, Martin A, Malagon F, Suero C, Sanchez J, Varona M, et al. Stroke Prophylaxis in Atrial Fibrillation: Searching for Management Improvement Opportunities in the Emergency Department: The HERMES-AF Study. *Ann Emerg Med.* 2015;65:1-12.
4. Scheuermeyer FX, Innes G, Pourvali R, Dewitt C, Grafstein E, Heslop C, et al. Missed opportunities for appropriate anticoagulation among emergency department patients with uncomplicated atrial fibrillation or flutter. *Ann Emerg Med.* 2013;62:557-65 e2.
5. January CT, Wann LS, Alpert JS, Calkins H, Cigarroa JE, Cleveland JC, Jr., et al. 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on practice guidelines and the Heart Rhythm Society. *Circulation.* 2014;130:e199-267.

6. Kirchhof P, Benussi S, Kotecha D, Ahlsson A, Atar D, Casadei B, et al. 2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS. *Eur Heart J*. 2016;37:2893-962.
7. Verma A, Cairns JA, Mitchell LB, Macle L, Stiell IG, Gladstone D, et al. 2014 focused update of the canadian cardiovascular society guidelines for the management of atrial fibrillation. *Can J Cardiol*. 2014;30:1114-30.
8. Al-Kawaz M, Omran SS, Parikh NS, Elkind MSV, Soliman EZ, Kamel H. Comparative Risks of Ischemic Stroke in Atrial Flutter versus Atrial Fibrillation. *J Stroke Cerebrovasc Dis*. 2018;27:839-44.
9. Vadmann H, Nielsen PB, Hjortshoj SP, Riahi S, Rasmussen LH, Lip GY, et al. Atrial flutter and thromboembolic risk: a systematic review. *Heart*. 2015;101:1446-55.