

Supplementary materials

Table s1. Anticoagulation management.

	High stroke risk n= 1490 (73.7%)	Low stroke risk n=531 (26.3%)
No treatment	91 (6.4%)	69 (13.1%)
Single antiplatelet therapy	403 (28.3%)	197 (37.6%)
Dual antiplatelet therapy	97 (6.8%)	18 (3.4%)
Anticoagulant only	469 (33%)	207 (39.3%)
Dual antithrombotic therapy	294 (20.7%)	28 (5.4%)
Triple antithrombotic therapy	37 (2.6%)	4 (0.8%)
Other combinations	29 (2.2%)	2 (0.4%)

High stroke risk: ☹️ CHA₂DS₂-VASc ≥2, ☹️ CHA₂DS₂-VASc ≥1

Low stroke risk: ☺️ CHA₂DS₂-VASc <2, ☺️ CHA₂DS₂-VASc

Table s2. Management of comorbidities according to the current guidelines.

	Hypertension (n = 1029)	HF (n = 524)	CAD (n= 552)	Diabetes mellitus (n=603)	Dyslipidaemia (n= 662)
ACEI (%)	462 (44.9%)	285 (54.4%)	274 (49.6%)		
ARB (%)	232 (22.5%)	95 (18.1%)	129 (23.4%)		
Verapamil/diltiazem (%)	110 (10.7%)		42 (7.6%)		
Other Calcium Channel blocker (%)	144 (14%)		77 (13.9%)		
Beta-blocker (%)	624 (60.6%)	263 (50.2%)	332 (60.1%)		
Digoxin (%)		331 (63,2%)			
Diuretic (%)	552 (53.6%)	478 (91.2%)			
Aspirin (%)			372 (67.4%)		
Clopidogrel (%)			125 (22.6%)		
Statin (%)			440 (79.7%)		559 (84.4%)
Other lipid-lowering agent (%)			12 (2.2%)		16 (2.4%)
Diet (%)				60 (10%)	
Insulin therapy (%)				162 (26.9%)	
Oral antidiabetic drugs (%)				409 (67.8%)	

Abbreviations: ACEI-angiotensin-converting-enzyme inhibitors, ARB-angiotensin receptor blockers, CAD-coronary artery disease, HF-heart failure,

Figure s1.
Classification of patients included in the study according to the risk for stroke based on the CHA₂DS₂-VASc score.

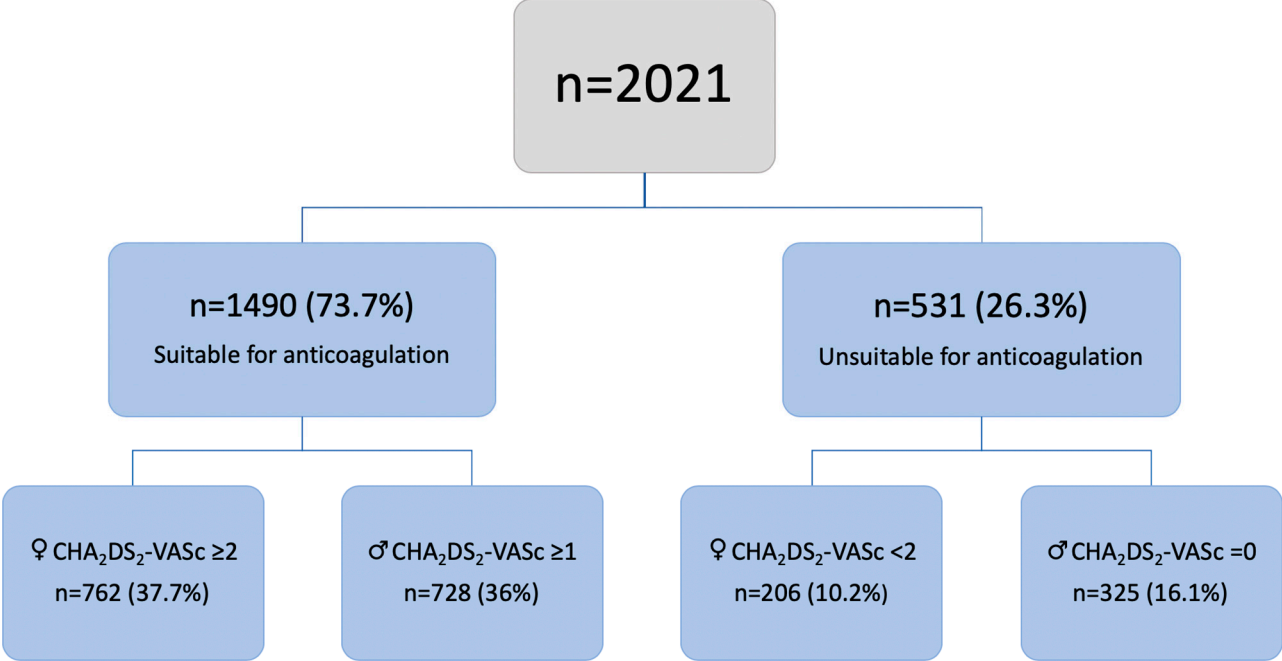


Figure s2. A simplified methodology scheme of the evaluation of compliance of AF management with ABC pathway components.

