

REVIEW

Oral Anticoagulation in Patients with Acute Stroke and Atrial Fibrillation

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Abstract. Introduction. Patients who have experienced acute ischemic stroke (AIS) and have atrial fibrillation (AF) are often prescribed oral anticoagulants (OACs) to lower their risk of recurrent stroke or vascular embolism. This therapy is rarely advised as a preventive measure for reducing the risk of recurrent ischemic stroke associated with non-valvular atrial AF. The ideal timing for initiating oral anticoagulation in these patients remains uncertain. **Methods.** Research was conducted in the major medical databases containing articles. The following terms were used: atrial fibrillation, acute ischemic stroke, oral anticoagulants, stroke recurrence, and prevention. We excluded studies performed earlier than 10 years since the medical information was no longer valid in practice. **Results.** Information gathered from observational studies and control groups in randomized trials indicates that the early recurrence rate following an atrial fibrillation-related ischemic stroke falls within the range of approximately 0.5% to 1.3% per day during the initial two weeks. The research targeted adults (aged ≥ 18 years) with AF and a recent ischemic stroke (IS) (occurring within 72 hours of symptom onset) who satisfied the criteria for and were amenable to starting treatment with NOACs. Atrial fibrillation encompassed paroxysmal, persistent, and permanent forms, whether they were pre-existing conditions or diagnosed during the initial hospitalization. Observational studies indicate that the risk of recurrent stroke is seven times higher than the risk of hemorrhagic transformation during the early phase after a recent stroke. **Conclusions.** Early prevention treatments are critical because the acute phase after an ischemic stroke increases the risk of stroke recurrence. It is critical to balance the possible benefits of early oral anticoagulation against the dangers of developing intracerebral hemorrhage or hemorrhagic transformation of the ischemic injury at this critical time.

Keywords: atrial fibrillation, acute ischemic stroke, oral anticoagulants, stroke recurrence, prevention.

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Abbreviations

AIS, acute ischemic stroke

AF, atrial fibrillation

OAC, oral anticoagulation

TIA, transient ischemic attack

IS, ischemic stroke

DOACs, direct oral anticoagulants

VKASs, vitamin K antagonists

DOAC, direct oral anticoagulant