

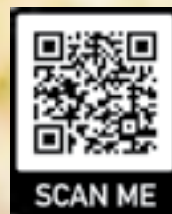
QUESTIONS YOU *MUST* ASK AT YOUR EXAM!

Guide to living with

AFib

ATRIAL FIBRILLATION

Health**monitor**[®]



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Stay ahead of AFib!

- ✓ Discover your treatment options
- ✓ Open up to your care team
- ✓ Protect yourself from stroke
- ✓ Get fit with this exercise plan



**"AFib doesn't
direct my life
anymore!"**

With the help of her care team,
Kay Holcombe is keeping her
arrhythmia in check and
using what she's learned to
advocate for others

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER

Guide to living with AFib

ATRIAL FIBRILLATION



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SPECIAL THANKS TO OUR MEDICAL REVIEWER:

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CED20

Live the life you want —*despite AFib!*

Today's treatments can help you manage this common heart rhythm disorder and get back control!

On Sunday mornings, June M. is now leading the New Hampshire senior hiking group instead of falling behind.

"My friends joke that I walk like I'm 20 years younger!" the 69-year-old laughs.

But in fall 2019, she found that shortness of breath and a fluttering in her chest were occurring more frequently, especially while exploring the local nature trails.

"During one hike, my heart felt like it was about to leap out of my chest, and I told everyone I needed to stop and rest for a while," says the retired librarian.

June's hiking pal Patty, a retired nurse, urged her to see a doctor

right away. June didn't think it was too serious but made an appointment just in case.

"I'm glad I listened since tests showed I had a heart rhythm disorder called atrial fibrillation [AFib]," says June. "My doctor started me on medications, including a blood thinner to reduce my risk of a stroke, and not too long afterward, I noticed I felt different—better!"

Within a few weeks, June's doctor gave her the go-ahead to return to her hikes, so long as she was feeling okay and taking her medications as directed.

"I feel better knowing I'm doing everything I can to protect myself," she says.

If you're like June, take heart! With the right management plan, you can tame AFib and return to living a full life. Read on to learn more about managing AFib.


1 Understand your AFib.

Is your AFib triggered by another condition, such as high blood pressure, sleep apnea or a heart valve defect? If so, sometimes treating the other condition can also help reduce your AFib symptoms.

2 Partner with your care team. Share your symptoms, triggers and what makes it better or worse with your healthcare provider.

3 Learn about treatment options. Together with your care team, you'll decide on a therapy plan that works for you. (Learn more about your treatment options on p. 8.) It's important to follow your plan closely to avoid complications, such as stroke and heart failure.

4 Stay the course. Follow up regularly and share any new triggers, symptoms or episodes with your healthcare provider. Be sure to let them know of any issues with your treatment plan.

Last, use this guide to help you get started! Learn tips and strategies for managing AFib and use the provided tools to partner with your care team. 

Your AFib care team will be with you every step of the way!

- **Cardiologist:** MD who specializes in treating conditions related to the heart.
- **Electrophysiologist:** MD who specializes in treating electrical disorders of the heart. Electrophysiologists perform catheter ablation procedures to treat AFib.
- **Primary care physician:** MD who checks your overall health; coordinates care with your cardiologist.
- **Nurse practitioner/physician assistant:** Healthcare professional who can provide routine care, including prescribing medication.
- **Surgeon:** MD who specializes in surgical repairs, such as inserting catheters or repairing defective heart valves.
- **Hematologist:** MD who specializes in treating conditions related to the blood.
- **Social worker:** Can help you deal with psychological, social and financial concerns.



“AFib doesn’t direct my life!”

Kay Holcombe is helping fellow heart patients advocate for their needs and spreading the word on the importance of whole-body health.

—BY KAREN KLEIMANN

Retired scientist Kay Holcombe has spent her career protecting and improving the well-being of communities throughout the nation. She’s held an impressive array of health policy and scientific research positions, with agencies such as the U.S. Public Health Service, U.S. Food & Drug Administration (FDA) and National Institutes of Health—surely enough for one lifetime, but the 79-year-old says she still has more to do.

“I’m working with nonprofits in the health world to help empower patients and create a dialogue around public health needs,” says the resident from Gaithersburg, MD.

For Kay, it’s also a way to put her atrial fibrillation (AFib) in its place and pass on the knowledge she’s gained. “I live with AFib, it doesn’t take over my life,” she says.

But for years, Kay was trapped in an endless cycle of worry and didn’t know if she’d ever overcome her fears about her heart.

“I wasn’t sure what was happening”

More than a decade ago, Kay started noticing her routine walk to work—a few blocks from the train station—was leaving her short of breath and fatigued as if she’d run a marathon. Knowing something

wasn’t right, Kay made an appointment with her healthcare provider, thinking maybe age was finally catching up with her.

But when the test results came back, the reason was clear. Instead of a normal heart rhythm, Kay’s showed hers was irregular. She was immediately sent to the hospital and treated with a medication to steady her heart rate.

“I was mystified, though. I didn’t know what was happening,” says Kay. After five hours of tests and evaluation, she finally learned she had AFib, the most common heart rhythm disorder. But instead of feeling better, she felt panicked.

“I had plans to see my mother in Florida the next day and told them I was getting on that plane no matter what,” Kay recalls, adding she still didn’t know what the diagnosis meant for her heart. After a final evaluation, she was discharged and referred to a cardiologist.

While in Florida, Kay lived in constant fear that she would not survive into the next day. “I was terrified to exercise or exert myself in any way,” she says. “I could feel my heart fluttering and was convinced that if I closed my eyes I would never wake up.”

Upon her return home, Kay met with the cardiologist, who

calmed many of her fears. “He reassured me that I wouldn’t die, and that AFib could be effectively monitored and managed with treatment and lifestyle changes. That gave me some comfort,” she says.

Kay was prescribed several medications, including an anticoagulant (blood thinner) to reduce her risk of a stroke due to blood clots. And while she diligently took her medications and implemented lifestyle changes in the years afterward, she worried about possible interactions with her blood thinner and if an alternative was available.

Having worked at the FDA at the time, Kay learned of newer types of blood thinners that offered the same protection against stroke as older drugs but with fewer side effects and interactions. Encouraged, Kay talked to her doctor and together they decided to switch her to one of the newer types.

“I think my new blood thinner is wonderful!”

With less concern over treatment side effects, Kay was determined to stamp out her AFib-related anxiety. Focusing on activities that make her happy, avoiding discussion on sensitive topics and maintaining a

sense of humor help keep stress at bay. She’s also adopted a get-out-of-your-head mentality, consisting of breathing exercises, reading, meditating mantras and walking.

“It’s good to get out of your own head and the same four walls and just get another view,” she says.

“I’m spreading the word!”

Today, Kay volunteers with several organizations to help improve communication between doctors and patients and to encourage an open dialogue about health issues.

One such concern is infectious disease. As a founding member and board member of the Reagan-Udall Foundation for the FDA, Kay is working to bring important information to the public about the COVID-19 vaccine.

In addition, Kay is a board member of the National Blood Clot Alliance, where she advocates for fellow heart patients and even helped create a patient-friendly resource for physicians to use when speaking to patients with AFib about blood thinner therapies.

Her most valuable lesson? “Your life and the quality of your life are in your control. So live your life the way it works best for you. I’m surviving AFib and plan to be around for many more years!”



“I won’t let AFib get the better of me!”

Kay Holcombe isn’t letting her heart rhythm disorder define her. Here, she shares her tips for leading a full and healthy life.

Stay active. Kay makes it a habit to do some form of daily physical activity. “I recognize I have to go slower at times, but I still do the things I love. Some days it’s yoga, other days I walk at least one and a half miles, if not two miles. I’m convinced every little bit helps, but I try to be realistic. I may never be an iron man, but I keep going and I’m doing something to help myself.”

Clear your mind. “I love walking trails by the water. I find it soothing,” says Kay.

“I’m not thinking about what’s bothering me. I’ll hum a tune or look around and try to be present in the moment.”

Connect with others. “It’s been terrific listening to others and hearing their stories and learning from them,” Kay says of her involvement with the National Blood Clot Alliance. “It reinforces the good things people are doing and the ideas and support they give one another. I’m so humbled by how they cope and the level of commitment they show. It’s very positive and inspiring.”

Which treatment is best for you?

Explore all your options and work with your healthcare team to find the plan that can help tame your AFib.

Because AFib can affect everyone differently, it's important to work with your doctor on a personalized plan based on your symptoms, medical history and cardiovascular risk factors. You can start by providing the details your doctor needs to keep your AFib controlled. Then review the following options at your exam:

Treatments that restore heart rhythm

- **Antiarrhythmics.** These drugs may be taken orally or by infusion. You may need to stay in the hospital when you first start taking them so your doctor can monitor your response and make adjustments if necessary.
- **Electrical cardioversion.** In this procedure (which is performed under sedation), your heart receives a brief electrical shock that resets your rhythm back to normal. Your doctor may prescribe antiarrhythmic medications after electrical cardioversion to help keep it normal.
- **Catheter ablation.** If meds don't work or if you have side effects, you may be a candidate

for this procedure, in which radiofrequency or cryoablation energy is applied (via a catheter) to sites where the pulmonary veins connect to the left atrium. Scar tissue forms, preventing abnormal electrical signals from reaching the atrium.

Treatments that restore heart rate

- **Rate control medications.** The goal of these drugs is to lower the heart rate at rest to 80 beats per minute or less. Examples include beta blockers, calcium channel blockers and digoxin. Some people need more than one drug to get the heart rate in the correct range.
- **AV node ablation and placement of a pacemaker.** This procedure eliminates the electrical connection between the upper and lower heart chamber, called the atrioventricular (AV) node. Although it is highly effective, having an AV node ablation requires placement of a pacemaker to keep the lower chamber beating at a normal rate. It's generally only done in patients older than 70 who have not responded to rate control medications.

Treatments that prevent blood clots

- **Anticoagulants (blood thinners).** Most people with AFib should take an anticoagulant, which prevents the formation of blood clots, thereby lowering the risk of stroke. There are various types of blood thinners, so make sure you understand the instructions (dosage), requirements (e.g., frequent blood testing) and restrictions (if, for example, you should avoid foods high in vitamin K, such as kale and spinach) in order to make the most informed decision.

Surgical options

If your AFib hasn't responded to antiarrhythmics, rate control medications or catheter ablation, or you also need open-heart surgery, you may be a candidate for the surgical **Maze procedure**, in which tiny incisions are made in the atria to create scar tissue that blocks electrical impulses from triggering AFib.

If you can't tolerate oral anticoagulants, you may be a candidate for left atrial appendage (LAA) closure, which inserts a device that acts like a plug to prevent clots from exiting the LAA. 📺

FROM THE AHA/ACC:

Studies confirm best option for stroke prevention

If you're a candidate for a blood thinner, the American Heart Association (AHA) and American College of Cardiology (ACC) recommend non-vitamin K oral anticoagulants (NOACs) as the preferred treatment over warfarin for reducing the risk of stroke. "New scientific studies show that NOACs may be safer for patients because there is less risk of bleeding, and they may also be more effective at preventing blood clots than warfarin," said Craig T. January, MD, an author on the latest AHA/ACC guidelines for managing AFib.

Is "pill in a pocket" right for you?

If you have infrequent episodes of AFib that do not stop on their own, you may be a candidate for the "pill-in-a-pocket" approach, in which you take a single dose of an antiarrhythmic medication only when you feel palpitations instead of every day. However, you may still require an anticoagulant. Talk to your doctor.

What is your "CHADS-VASc" score?

Add up the points for your risk factors and share the results with your cardiologist, who will use them to determine your stroke risk.

Risk factor	Points
Congestive heart failure	1
High blood pressure	1
Age 75 or older	2
Diabetes	1
Stroke or mini-stroke (prior)	2
Vascular disease (heart or peripheral artery)	1
Age 65-74	1
Sex	male = 0 female = 1

Your score:



Slash your stroke risk!

Did you know that having AFib makes you *five times* more likely to have a stroke than someone without AFib? In addition, your stroke risk is still increased even if your AFib isn't active, says AFib specialist Hugh Calkins, MD, of Johns Hopkins Medical Institutions. "Many of the strokes that occur in AFib patients happen when there has been no atrial fibrillation for months before or after the stroke occurred," he says.

Understanding stroke

A stroke happens when the blood supply to part of your brain is blocked. Brain cells quickly begin to die, and depending on the severity of the damage, functions controlled by the affected brain region could be lost. People with AFib are susceptible because they're prone to developing artery-clogging blood clots.

Symptoms to watch for

Being aware of the signs of stroke is key. The earlier you're treated, the lesser the damage and the greater your chance of a full recovery. It's

also important to know exactly when you experienced the very first signs, because treatment can depend on how long symptoms are present. Signs to watch for:

- **Trouble walking**—Sudden dizziness, loss of balance.
- **Speaking difficulty**—Slurring words or difficulty understanding.
- **Paralysis of the face, arm or leg**—Sudden numbness or weakness in these parts of the body, especially on one side of the body.
- **Difficulty seeing**—Sudden blurred vision in one or both eyes, or seeing double.
- **Headache**—Severe headache that comes on suddenly; may be accompanied by vomiting.

Call 911 if you have any of these symptoms, even if they vary or disappear. "Sometimes people are unsure of what's happening. If you're in doubt, it's best to seek medical attention immediately," says Cleveland Clinic cardiologist Bruce Lindsay, MD. Being treated within three hours of the first symptom is most effective. 📞

Help protect yourself from AFib-related stroke

Anticoagulants—blood-thinning medications that prevent clots—can reduce the risk of a first stroke in AFib patients by up to 80%, according to the National Stroke Association. Already had a stroke? Taking a blood thinner can prevent another. Bottom line: If you have **AFib and are not taking an anti-coagulant, talk to your healthcare provider.**

ATTENTION, CAREGIVERS!

Think it's a stroke? Act FAST!

If you think your loved one with AFib is having a stroke, do this quick assessment:

Face: Ask them to smile. Does one side of their face droop?

Arms: Ask them to raise both arms. Does one arm drift downward?

Speech: Ask them to repeat a simple phrase. Is their speech slurred or strange?

Time: If you observe any of these signs—even one—call 911 ASAP!

Source: National Stroke Association

How is AFib affecting your life?

Fill out this worksheet and share with your healthcare provider at your next visit, whether live or virtual.



1. I have heart palpitations, a racing heartbeat or feel a "flopping" sensation in my chest when I do the following:

- ☐ Get up out of bed
- ☐ Stand up after sitting
- ☐ Go for a walk
- ☐ Climb a flight of stairs
- ☐ Do low-impact cardio (swim, bike, elliptical)
- ☐ Do intensive cardio (jogging, dancing, aerobics)

2. In the past month, I've felt:

	Never	Sometimes	Often	Constantly
Fatigued or weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light-headed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure/tightness in my chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nauseated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to get warm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I have also been diagnosed with:

- ☐ High blood pressure
- ☐ Coronary artery disease (a blocked artery)
- ☐ Heart disease
- ☐ Heart failure
- ☐ Cardiomyopathy (a disease of the heart muscle)
- ☐ Pulmonary embolism (a clot in the lungs)
- ☐ Stroke
- ☐ Heart attack
- ☐ Hyperthyroidism
- ☐ Pericarditis (inflammation of the heart lining)
- ☐ An infection

4. I am satisfied with:

	Yes	No	Somewhat
My energy levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My stress levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The types of exercise I can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The diet I'm able to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My quality of sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sex life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to travel/pursue hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often I require an electrical cardioversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often I need my blood tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The side effects of my current medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I have noticed that the following seem to trigger my AFib:

- ☐ Fatigue and illness
- ☐ Emotions, such as stress, anger, fear, excitement, joy
- ☐ Physical exertion
- ☐ Over-the-counter medications, such as cold medications and nasal sprays
- ☐ Alcohol
- ☐ Caffeine
- ☐ Smoking
- ☐ Dehydration
- ☐ Other: _____

With AFib, stroke risk increases over time—even if you're feeling fine, you may need more protection.

XARELTO[®] significantly lowers the risk of blood clots that can lead to a stroke.

IN FACT, IN A CLINICAL STUDY, OVER 96% OF PEOPLE TAKING XARELTO[®] REMAINED STROKE-FREE.

Ask your doctor if it's time for XARELTO[®]

WHAT IS XARELTO[®] (rivaroxaban)?

XARELTO[®] is a prescription medicine used to:

- reduce the risk of stroke and blood clots in people who have a medical condition called atrial fibrillation that is not caused by a heart valve problem. With atrial fibrillation, part of the heart does not beat the way it should. This can lead to the formation of blood clots, which can travel to the brain, causing a stroke, or to other parts of the body
- treat blood clots in the veins of your legs (deep vein thrombosis or DVT) or lungs (pulmonary embolism or PE)
- reduce the risk of blood clots happening again in people who continue to be at risk for DVT or PE after receiving treatment for blood clots for at least 6 months
- help prevent a blood clot in the legs and lungs of people who have just had hip or knee replacement surgery
- help prevent blood clots in certain people hospitalized for an acute illness and after discharge, who are at risk of getting blood clots because of the loss of or decreased ability to move around (mobility) and other risks for getting blood clots, and who do not have a high risk of bleeding

XARELTO[®] is used with low dose aspirin to:

- reduce the risk of serious heart problems, heart attack and stroke in people with coronary artery disease (a condition where the blood supply to the heart is reduced or blocked) or peripheral artery disease (a condition where the blood flow to the legs is reduced)

It is not known if XARELTO[®] is safe and effective in children.

IMPORTANT SAFETY INFORMATION

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT XARELTO[®]?

XARELTO[®] may cause serious side effects, including:

- **Increased risk of blood clots if you stop taking XARELTO[®].** People with atrial fibrillation (an irregular heart beat) that is not caused by a heart valve problem (nonvalvular) are at an increased risk of forming a blood clot in the heart, which can travel to the brain, causing a stroke, or to other parts of the body. XARELTO[®] lowers your chance of having a stroke by helping to prevent clots from forming. If you stop taking XARELTO[®], you may have increased risk of forming a clot in your blood.

Do not stop taking XARELTO[®] without talking to the doctor who prescribes it for you. Stopping XARELTO[®] increases your risk of having a stroke. If you have to stop taking XARELTO[®], your doctor may prescribe another blood thinner medicine to prevent a blood clot from forming.

- **Increased risk of bleeding.** XARELTO[®] can cause bleeding which can be serious, and may lead to death. This is because XARELTO[®] is a blood thinner medicine (anticoagulant) that lowers blood clotting. During treatment with XARELTO[®] you are likely to bruise more easily, and it may take longer for bleeding to stop. You may be at higher risk of bleeding if you take XARELTO[®] and have certain other medical problems.

You may have a higher risk of bleeding if you take XARELTO[®] and take other medicines that increase your risk of bleeding, including:

- Aspirin or aspirin-containing products
- Long-term (chronic) use of non-steroidal anti-inflammatory drugs (NSAIDs)

- Warfarin sodium (Coumadin[®], Jantoven[®])
- Any medicine that contains heparin
- Clopidogrel (Plavix[®])
- Selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs)
- Other medicines to prevent or treat blood clots

Tell your doctor if you take any of these medicines. Ask your doctor or pharmacist if you are not sure if your medicine is one listed above.

Call your doctor or get medical help right away if you develop any of these signs or symptoms of bleeding:

- Unexpected bleeding or bleeding that lasts a long time, such as:
 - Nosebleeds that happen often
 - Unusual bleeding from gums
 - Menstrual bleeding that is heavier than normal, or vaginal bleeding
- Bleeding that is severe or you cannot control
- Red, pink, or brown urine
- Bright red or black stools (looks like tar)
- Cough up blood or blood clots
- Vomit blood or your vomit looks like “coffee grounds”
- Headaches, feeling dizzy or weak
- Pain, swelling, or new drainage at wound sites

- **Spinal or epidural blood clots (hematoma).** People who take a blood thinner medicine (anticoagulant) like XARELTO[®], and have medicine injected into their spinal and epidural area, or have a spinal puncture, have a risk of forming a blood clot

that can cause long-term or permanent loss of the ability to move (paralysis). Your risk of developing a spinal or epidural blood clot is higher if:

- A thin tube called an epidural catheter is placed in your back to give you certain medicine
- You take NSAIDs or a medicine to prevent blood from clotting
- You have a history of difficult or repeated epidural or spinal punctures
- You have a history of problems with your spine or have had surgery on your spine

If you take XARELTO[®] and receive spinal anesthesia or have a spinal puncture, your doctor should watch you closely for symptoms of spinal or epidural blood clots. Tell your doctor right away if you have back pain, tingling, numbness, muscle weakness (especially in your legs and feet), or loss of control of the bowels or bladder (incontinence).

XARELTO[®] is not for use in people with artificial heart valves.

XARELTO[®] is not for use in people with antiphospholipid syndrome (APS), especially with positive triple antibody testing.

Do not take XARELTO[®] if you:

- Currently have certain types of abnormal bleeding. Talk to your doctor before taking XARELTO[®] if you currently have unusual bleeding.
- Are allergic to rivaroxaban or any of the ingredients of XARELTO[®].

Please read important facts for XARELTO[®] on the following page.

IMPORTANT SAFETY INFORMATION (cont'd)

Before taking XARELTO®, tell your doctor about all your medical conditions, including if you:

- Have ever had bleeding problems
- Have liver or kidney problems
- Have antiphospholipid syndrome (APS)
- Are pregnant or plan to become pregnant. It is not known if XARELTO® will harm your unborn baby.
 - Tell your doctor right away if you become pregnant during treatment with XARELTO®. Taking XARELTO® while you are pregnant may increase the risk of bleeding in you or in your unborn baby.
 - If you take XARELTO® during pregnancy, tell your doctor right away if you have any signs or symptoms of bleeding or blood loss. **See “What is the most important information I should know about XARELTO®?” for signs and symptoms of bleeding.**
- Are breastfeeding or plan to breastfeed. XARELTO® may pass into your breast milk. Talk to your doctor about the best way to feed your baby during treatment with XARELTO®.

Tell all of your doctors and dentists that you are taking XARELTO®. They should talk to the doctor who prescribed XARELTO® for you before you have any surgery, medical or dental procedure.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Some of your other medicines may affect the way XARELTO® works, causing side effects. Certain medicines may increase your risk of bleeding. **See “What is the most important information I should know about XARELTO®?”**

HOW SHOULD I TAKE XARELTO®?

- Take XARELTO® exactly as prescribed by your doctor.
- **Do not change your dose or stop taking XARELTO® unless your doctor tells you to.** Your doctor may change your dose if needed.
- Your doctor will decide how long you should take XARELTO®.
- XARELTO® may need to be stopped for one or more days before any surgery or medical or dental procedure. Your doctor will tell you when to stop taking XARELTO® and when to start taking XARELTO® again after your surgery or procedure.
- If you need to stop taking XARELTO® for any reason, talk to the doctor who prescribed XARELTO® to you to find out when you should stop taking it. Do not stop taking XARELTO® without first talking to the doctor who prescribes it to you.
- If you have difficulty swallowing XARELTO® tablets whole, talk to your doctor about other ways to take XARELTO®.
- Do not run out of XARELTO®. Refill your prescription of XARELTO® before you run out. When leaving the hospital following a hip or knee replacement, be sure that you will have XARELTO® available to avoid missing any doses.
- If you take too much XARELTO®, go to the nearest hospital emergency room or call your doctor right away.

- If you take XARELTO® for:
- **Atrial Fibrillation that is not caused by a heart valve problem:**
 - Take XARELTO® **1 time a day with your evening meal.**
 - If you miss a dose of XARELTO®, take it as soon as you remember on the same day. Take your next dose at your regularly scheduled time.
 - **Blood clots in the veins of your legs or lungs:**
 - Take XARELTO® **1 or 2 times a day** as prescribed by your doctor.
 - For the **10-mg dose**, XARELTO® **may be taken with or without food.**
 - For the **15-mg and 20-mg doses**, take XARELTO® **with food at the same time each day.**
 - If you miss a dose:
 - > If you take the **15-mg dose of XARELTO® 2 times a day (a total of 30 mg of XARELTO® in 1 day):** Take XARELTO® as soon as you remember on the same day. You may take 2 doses at the same time to make up for the missed dose. Take your next dose at your regularly scheduled time.
 - > If you take **XARELTO® 1 time a day:** Take XARELTO® as soon as you remember on the same day. Take your next dose at your regularly scheduled time.
 - **Hip or knee replacement surgery:**
 - Take XARELTO® 1 time a day with or without food.
 - If you miss a dose of XARELTO®, take it as soon as you remember on the same day. Take your next dose at your regularly scheduled time.
 - **Blood clots in people hospitalized for an acute illness:**
 - Take XARELTO® 1 time a day, with or without food, while you are in the hospital and after you are discharged as prescribed by your doctor.
 - If you miss a dose of XARELTO®, take it as soon as you remember on the same day. Take your next dose at your regularly scheduled time.
 - **Reducing the risk of serious heart problems, heart attack and stroke in coronary artery disease or peripheral artery disease:**
 - Take XARELTO® 2.5 mg 2 times a day with or without food.
 - If you miss a dose of XARELTO®, take your next dose at your regularly scheduled time.
 - Take aspirin 75 to 100 mg once daily as instructed by your doctor.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF XARELTO®?
XARELTO® may cause serious side effects:
• See **“What is the most important information I should know about XARELTO®?”**

The most common side effect of XARELTO® was bleeding.

Call your doctor for medical advice about side effects. **You may report side effects to the FDA at 1-800-FDA-1088.** You may also report side effects to Janssen Pharmaceuticals, Inc., at 1-800-JANSSEN (1-800-526-7736).

Please read important facts for XARELTO® on the following page.

Trademarks are those of their respective owners.



What is XARELTO® used for?
XARELTO® is a prescription medicine used to:

- **Reduce the risk of stroke and blood clots in people with atrial fibrillation**
- **Reduce the risk of forming a blood clot in the legs and lungs of people who have just had hip or knee replacement surgery**
- **Treat blood clots in the veins of your legs (deep vein thrombosis or DVT) or lungs (pulmonary embolism or PE)**
- **Reduce the risk of blood clots happening again in people who continue to be at risk for DVT or PE after receiving treatment for blood clots for at least 6 months**
- **Reduce the risk of serious heart problems, heart attack and stroke in patients with coronary artery disease (a condition where the blood supply to the heart is reduced or blocked) or peripheral artery disease (a condition where the blood flow to the legs is reduced) when used with low dose aspirin**
- **Help prevent blood clots in certain people hospitalized for an acute illness and after discharge, who are at risk of getting blood clots because of the loss of or decreased ability to move around (mobility) and other risks for getting blood clots, and who do not have a high risk of bleeding**

It is not known if XARELTO® is safe and effective in children. Take XARELTO® exactly as prescribed by your doctor. Do not change your dose or stop taking XARELTO® unless your doctor tells you to. Your doctor may change your dose if needed. Your doctor will decide how long you should take XARELTO®. Your doctor may stop XARELTO® for a short time before any surgery, medical or dental procedure. Your doctor will tell you when to start taking again after your surgery or procedure. Do not run out of XARELTO®. Refill your prescription before you run out. When leaving the hospital following a hip or knee replacement, be sure you have XARELTO® to avoid missing doses. If you take too much XARELTO®, go to your hospital emergency room or call your doctor right away.

- What are the most serious risks with XARELTO®?**
- **For people taking XARELTO® for atrial fibrillation: Do not stop taking XARELTO® without talking to the doctor who prescribes it for you. Stopping XARELTO® increases your risk of having a stroke. If you have to stop taking XARELTO® your doctor may prescribe another blood thinner medicine to prevent a blood clot from forming.**
 - **Spinal or epidural blood clots (hematoma).** People who take a blood thinner medicine (anticoagulant) like XARELTO®, and have medicine injected into their spinal and epidural area, or have a spinal puncture have a risk of forming a blood clot that can cause long-term or permanent loss of the ability to move (paralysis). Your risk of developing a spinal or epidural blood clot is higher if: a thin tube called an epidural catheter is placed in your back to give you certain medicine; you take NSAIDs or a medicine to prevent blood from clotting; you have a history of difficult or repeated epidural or spinal punctures; you have a history of problems with your spine or have had surgery on your spine. **If you take XARELTO® and receive spinal anesthesia or have a spinal puncture, your doctor should watch you closely for symptoms of spinal or epidural blood clots. Tell your doctor right away if you have back pain, tingling, numbness, muscle weakness (especially in your legs and feet), loss of control of the bowels or bladder (incontinence).**

- What are the important warnings?**
- **XARELTO® can cause bleeding which can be serious, and rarely may lead to death. This is because XARELTO® is a blood thinner medicine that reduces blood clotting. While taking XARELTO®, you are likely to bruise more easily and it may take longer for bleeding to stop. You may have a higher risk of bleeding if you take XARELTO® and have certain other medical problems.** You may have a higher risk of bleeding if you take XARELTO® and take other medicines that increase your risk of bleeding, including: aspirin or aspirin containing products; long-term (chronic) use of non-steroidal anti-inflammatory drugs (NSAIDs); warfarin sodium (Coumadin®, Jantoven®); any medicine that contains heparin; dapiodogrel (Plavix®); selective serotonin reuptake inhibitors (SSRIs)

Consumer Brief Summary for XARELTO® [zah-REL-toe] (rivaroxaban) Tablets

or serotonin norepinephrine reuptake inhibitors (SNRIs); other medicines to prevent or treat blood clots. Tell your doctor if you take any of these medicines. Ask your doctor or pharmacist if you are not sure if your medicine is one listed above.

- **Call your doctor or get medical help right away if you develop any of these signs or symptoms:** unexpected bleeding or bleeding that lasts a long time, such as: nose bleeds that happen often; unusual bleeding from the gums; menstrual bleeding that is heavier than normal or vaginal bleeding; bleeding that is severe or you cannot control; red, pink or brown urine; bright red or black stools (looks like tar); cough up blood or blood clots; vomit blood or your vomit looks like “coffee grounds”; headaches, feeling dizzy or weak; pain, swelling, or new drainage at wound sites.

XARELTO® is not for use in people with artificial heart valves. XARELTO® is not for use in people with antiphospholipid syndrome (APS), especially with positive triple antibody testing.

What should I tell my doctor?

- Before taking XARELTO®, tell your doctor about all of your medical conditions, including if you:
- Have ever had bleeding problems, liver or kidney problems, antiphospholipid syndrome (APS), or other medical condition.
 - Are pregnant or plan to become pregnant. It is not known if XARELTO® will harm your unborn baby.
 - Tell your doctor right away if you become pregnant during treatment with XARELTO®. Taking XARELTO® while you are pregnant may increase the risk of bleeding in you or in your unborn baby.
 - If you take XARELTO® during pregnancy tell your doctor right away if you have any signs or symptoms of bleeding or blood loss.
 - Are breastfeeding or plan to breastfeed. XARELTO® may pass into your breast milk. Talk to your doctor about the best way to feed your baby during treatment with XARELTO®.

Tell all of your doctors and dentists that you are taking XARELTO®. They should talk to the doctor who prescribed XARELTO® before you have any surgery, medical or dental procedure. **Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.**

Who should not take XARELTO®?

Do not take XARELTO® if you:
Currently have certain types of abnormal bleeding. Talk to your doctor before taking if you currently have unusual bleeding or are allergic to rivaroxaban or any of the ingredients in XARELTO®.

What are the side effects of XARELTO®?

XARELTO® may cause serious side effects:
The most common side effect of XARELTO® was bleeding.
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What important facts should I know?

- This information is not complete. How to get more information:
 - Talk to your healthcare provider or pharmacist.
 - Visit www.Xarelto.com to obtain the FDA-approved product labeling.
 - Call to report side effects to FDA at 1-800-FDA-1088.

Janssen — Your Partner for Cost Support
At Janssen, we don't want cost to get in the way of treatment you need. We can help you explore options to lower your out-of-pocket cost for XARELTO®.
Explore savings options at JanssenCarePath.com/Xarelto.



“We’re taking charge of our heart health!”

Jonathan and Kevin are living their best lives and staying ahead of AFib. Ask your healthcare provider if their strategies and lifestyle tips can help you, too! —BY KAREN KLEIMANN

“Make changes for a healthier you!”

Jonathan Terech
Santa Ana, CA

After years of experiencing heart palpitations and hospital visits without a clear diagnosis, Jonathan Terech was finally diagnosed with atrial fibrillation (AFib) at age 26. Although shocked, Jonathan was relieved he had an answer and set to work to get his AFib under control. Over the next several years, the Blanc Noir Hairdressing co-owner improved his diet, reduced his stress levels and shed excess weight. He also underwent several procedures and took various medications to help prevent blood clots, restore his heart rhythm and reduce blood pressure. Although it wasn’t an easy journey, Jonathan is now 140 lbs. lighter and is in the best shape of his life.

Ease into exercise.

“I now exercise about 45 minutes a day, six days a week. But I had to work up to it and it took time to build that endurance,” says Jonathan, now 40. “I started with walking and Pilates and eventually added in yoga, spin and indoor climbing classes, when available.”

Lean on your support system.

Jonathan has learned to distinguish



PHOTO BY DELLA WHITE PHOTOGRAPHY

AFib episodes from bouts of stress and anxiety and has trained his family and friends to do the same. “I’ve gotten very in-tune with my body, so I know when I need to go to the ER and when I just need to take it easy and not get too worried. These days it’s more anxiety than AFib.” His support team knows the warning signs of each and is there for him if he needs to be distracted from stress.

Share your story.

Jonathan found support on social media when he opened up about how his experiences affected him. “I blamed myself for a long time and

really struggled with this diagnosis. It can be a lonely place where you feel like a victim or misunderstood. But I realized that AFib is manageable and you aren’t on an island—there are many of us living with AFib. Just knowing you aren’t alone and it’s not your fault makes a difference.”

Keep a trigger journal.

“I write down what I ate or drank and what I did each day so I can track any symptoms I may be experiencing,” he says. “That helps me figure out if alcohol or caffeine is triggering something or if it’s a sign of anxiety.”

“Embrace a whole-body approach!”

Kevin Beauchamp
Salisbury, MD

A chance to revisit the scene of his near-fatal car accident in summer 2013 left Kevin Beauchamp with palpitations, shortness of breath, dizziness and a racing heart. The then-43-year-old assumed he was experiencing post-traumatic stress; after all, it had only been a month since the life-altering event. But as the hours passed and the symptoms continued, he knew something was off and went to the hospital. There, he learned he actually had AFib and would need treatment immediately. Although his care team couldn’t identify the cause, Kevin took it as a sign to improve his lifestyle habits. It would take several years of different treatments and approaches, but today, the now-retired state trooper is proud to say he is episode-free and an all-around health enthusiast.

Switch to clean eating.

Kevin focuses on eating mainly unprocessed foods but with a once-a-week “treat” day so he can still enjoy pizza night or a piece of cake. “I don’t believe in dieting but rather eating nutritious foods most days of the week. My favorites include fresh smoothies with superfoods (i.e., spinach and acai); I make five of these a week,” says the 51-year-old. “I also enjoy avocado on bread

with a tomato. I add in lean protein where I can and make homemade fries, so I have more control over my salt intake. I have a menu of go-to foods I tend to eat and that helps keep me on track.”

Work with a personal trainer.

“By working with someone who knows my condition and my strengths and weaknesses, it gets my body in the shape I need,” says Kevin, who’s lost 74 lbs. since his diagnosis. “It works for me. I

work out three times a week for 90 minutes doing a combination of cardio and weightlifting.”

Take a Zen break.

Stress and anxiety were keeping Kevin from living the life he wanted, so his care team suggested relaxation techniques. “Meditation was huge for me to finally get sleep. But I also find fitness can be a great outlet for stress. Some good ones I’ve found include biking, running and lifting weights.” 🧘



PHOTO BY EMILY TROUTMAN PHOTOGRAPHY



Answers to your
most pressing
questions about AFib



Weight loss and AFib

Q I've lived with AFib for about two years now, and although I'm really good about taking my medicine, I haven't made a lot of progress losing the extra weight I'm carrying. I know obesity is a risk factor for AFib, but since I already have it, will losing weight really make a difference?

A There is a lot of data that getting weight off can indeed make a big difference in a person's ability to control AFib. Not only does weight loss reduce or eliminate AFib in some

patients, but it also improves the outcomes of catheter ablation by about 30%. The initial goal should be to reduce your weight by 10% with the final goal of having a body mass index less than 27. Another advantage of weight loss is that you'll need less radiation if you ever need an electrophysiology procedure, all of which require radiation exposure. While weight loss is important, not all patients can lose weight. Fortunately, antiarrhythmic medications and catheter ablation work in both slender and overweight patients. While the outcomes are better in slender patients, the difference is not huge. So do your best at losing weight. Either way, your AFib should be able to be addressed.

Coping with AFib fears

Q Ever since I was diagnosed with AFib, I feel like a time bomb waiting to go off. I'm constantly afraid to exercise, sleep, even drive! Am I worried for no reason?

A Yes! It's important to remember that AFib is not a life-threatening arrhythmia. And while the symptoms—palpitations and fatigue—may be uncomfortable, they need not have a major negative impact on your life. Your best bet: Think of AFib as a chronic condition and not a disease. And work closely

with your healthcare provider to keep your stroke risk in check. Decide together if a blood thinner is needed, and, if so, which one is best for you. Once you reduce your risk of a stroke, there is little else to worry about. With the right strategy, your chance of living a long, active life despite AFib is high!

Staying safe during the pandemic

Q I was recently diagnosed with AFib and am on medication to control it, but I'm concerned about contracting COVID-19 because of my condition. Can I do anything to prevent getting sick or having complications?

A AFib alone is not a risk factor for either catching COVID-19 or faring worse if you get it. But AFib often goes hand in hand with other factors that can increase the risk of doing poorly if you get COVID: older age, high blood pressure, obesity, lung disease and heart disease. Try to avoid COVID-19 by social distancing, wearing a mask, washing your hands and not touching your face. 📞

OUR EXPERT: Hugh Calkins, MD, professor of medicine and director of the Arrhythmia Service, Electrophysiology Laboratory, and Atrial Fibrillation Program at Johns Hopkins Medical Institutions



Stay Connected with Remote Patient Monitoring (RPM)

Benefits of RPM

RPM Healthcare allows your provider to monitor your health data, such as weight, blood pressure, blood sugar, blood oxygen levels and pulse rate, all from the comfort of your home. It increases your access to care and lets you have peace of mind that potential issues will be identified early.

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Stay connected with your healthcare provider from the **comfort of your home**



Track your condition(s) daily for the **best treatment outcomes**



Your **personal information** is kept private

rpm
HEALTHCARE™


Get the most from your blood thinner

Learn how medication can help reduce your risk of having a stroke.

Are you having trouble remembering to take your blood thinner? Or do you think it's not a big deal to miss a day here or there? If the answer is yes, you could be putting your life at risk. It's important to understand that your doctor has prescribed this medication as part of your AFib treatment plan, and taking it *exactly* as prescribed—every day—could save you from a devastating, even fatal, stroke. That's because blood thinners, also called anticoagulants, work by preventing blood clots from forming and traveling to your brain—and blocking the flow of blood and oxygen that you

need to survive! However, blood thinners need to be in your system consistently. That means if you sometimes skip a dose, or several doses, you could be putting yourself at risk for having a stroke.

Different factors can increase your personal risk of a blood clot: if you are age 65 or older, or if you have high blood pressure, diabetes, heart disease, heart failure, or a history of prior stroke or transient ischemic attack (TIA).

Fortunately, the latest class of anticoagulants can be easier to stay on because there's no need to go for regular blood tests or restrict your diet—a complaint heard with older types of blood thinners. No matter what you're on, though, the key is to take it consistently. You'll get the maximum protection only by taking your blood thinner exactly as instructed. 



MYTHS ABOUT BLOOD THINNERS—DEBUNKED!

Our AFib expert Hugh Calkins, MD, of Johns Hopkins Medical Institutions, sets the record straight on these lifesaving medications.

"It seems I bruise much more easily now—and that can't be good."

"It's true that bruising may be somewhat increased while you're on a blood thinner. Although this can be a nuisance, it is important to remember that you are taking this medication to lower the risk of stroke," emphasizes Dr. Calkins. "So the trade-off—accepting a slight increase in bruising—is worth the protection from dangerous clots."

"I'm afraid to shave because I heard it'll take forever to stop bleeding."

"The risk of bleeding while shaving is greater with aspirin than with a prescription blood thinner. If bleeding while shaving is a problem, consider using an electric shaver. And remember: Even if you seem to bleed more easily now, suffering a stroke could cost you your life," says Dr. Calkins.

"Blood thinners will make me feel tired."

"There's no evidence that blood thinners cause or worsen fatigue. In fact, fatigue has not been identified as a problem in numerous studies done in thousands of patients," Dr. Calkins says. "Of course, several things can affect your energy levels, including other medications you're taking and lack of sleep. If you're feeling more exhausted than usual, tell your doctor."

ARE YOU FULLY PROTECTED FROM STROKE?

If forgetfulness, side effects or other concerns are keeping you from taking your blood thinner as prescribed, fill out this worksheet and review it with your healthcare provider.

1. Do you miss one or more doses of your medication in an average week?

☐ Yes ☐ No

2. If so, please explain: I sometimes miss ____ doses a week because:

- ☐ I forget to take it.
- ☐ I take multiple medications throughout the day and can't keep track.
- ☐ I can't afford it.
- ☐ I can't always get to the pharmacy.
- ☐ It makes me feel funny.
- ☐ I'm concerned about side effects.
- ☐ Other: _____

3. Would you like your healthcare provider to explain how blood thinners are working in your body?

☐ Yes ☐ No

4. Do you understand the consequences of not taking your blood thinner as prescribed?

☐ Yes ☐ No

5. If no, would you like your healthcare provider to explain them?

☐ Yes ☐ No

Use this space to jot down any notes, questions or concerns:



4 weeks to a healthier you!

Staying active will not only strengthen your heart, it can also help boost your energy levels, give you more restful sleep and make it easier for you to concentrate. Our four-week plan can get you started and also help you stick with it. Use the tool on the opposite page to log your progress and keep the momentum going!

Week 1

- ☐ **Make a list of activities that appeal to you.** Things like walking, working out to streaming exercise programs, biking, using gear you already own (a bicycle, treadmill, yoga mat). Now pick two!
- ☐ **Find a workout buddy**—then make a virtual date! Not only is exercising with someone else more fun, but being accountable to your partner makes it harder to back out.
- ☐ **Write your intentions right here:**

This week I will do _____ minutes of _____ (name of activity) on _____ (which days)

Studies show simply writing down your plan raises the odds that you'll follow through.

Week 2

- ☐ **Identify the obstacles that discourage you from being active,** and come up with ways around them. For example: Keep walking shoes in your car or at work so you're always prepared, or put weights or an exercise mat near the TV to remind you to do a set of arm curls or sit-ups during commercials.
- ☐ **Spend at least five minutes of every waking hour on your feet.**
- ☐ **Make a list of non-food rewards for sticking with the program**—a book for your e-reader, new headphones, a home movie night, a plant or fresh flowers.
- ☐ **Take at least four 10-minute walks.**



Week 3

- ☐ **Spend 30 minutes on a vigorous chore**—gardening, scrubbing the tub, cleaning out a few closets, using a push mower. Put on your favorite playlist, and tackle the job song by song.
- ☐ **Download a fitness app to stay engaged.** A Stanford study shows that apps that have a built-in community and feature a little friendly competition are more effective. To try: BodySpace, Fitocracy and PumpUp.
- ☐ **Set your alarm 10 minutes earlier and do some gentle stretches.** Try this link to start: nia.nih.gov/health/four-types-exercise-can-improve-your-health-and-physical-ability
- ☐ **Take at least one 20-minute walk and two 10-minute walks.**

Week 4

- ☐ **Find a mantra.** Here are some ideas: “Strive for progress, not perfection,” “Clear your mind of *can't*,” and “Every journey begins with a single step.” Write it on sticky notes and post them where you can't miss them: the bathroom mirror, the fridge, your closet door.
- ☐ **Commit to a new activity,** whether virtual yoga classes, dancing to your favorite music or just keeping the soccer ball going with the kids.
- ☐ **Do your stretching routine at least three mornings this week.**
- ☐ **Take at least four 30-minute walks.** Break it up into chunks if you like. 🏃‍♀️



Stick with your exercise plan!

One way to make sure you remain committed is to track your progress. Make copies of this tool and fill out each week.

Week beginning (date) _____:

I exercised _____ days for _____ total minutes/hours this week.

Exercise: # of days this week: # of minutes:

<input type="checkbox"/> walk	_____	_____
<input type="checkbox"/> virtual class	_____	_____
<input type="checkbox"/> weights	_____	_____
<input type="checkbox"/> yoga	_____	_____
<input type="checkbox"/> other (list):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I feel winded (short of breath):

☐ throughout the day, during normal activities

☐ a lot when I'm exercising

☐ a bit while I'm exercising

2. My favorite pair of pants:

☐ is really tight ☐ fits!

☐ is a little tight ☐ is loose!

3. My endurance (ability to keep pace during prolonged activity) is:

☐ extremely poor ☐ mostly okay

☐ not the best ☐ good

4. After exercising, I:

☐ feel terrible

☐ feel tired and winded, but I recover after a bit

☐ feel like I've had a good workout

5. My mood these days is:

☐ pretty down ☐ decent for the most part

☐ so-so—I've felt better ☐ good!

Questions to ask at today's exam

Ask your doctor these questions to make sure you fully understand your AFib—and are getting the best treatment possible for it!



1. Is my AFib well controlled?

2. Am I currently at risk for any complications (like stroke)? Would COVID-19 put me at a higher risk of complications?

3. How can we tell if my current treatment is working?

4. Is there any other medication or treatment option that might work better?

5. Will it require me to restrict my diet? If yes, what if I prefer no dietary restrictions?

6. How often will I need blood tests with this treatment?

7. Am I due for any tests right now, such as a blood count or thyroid level test?

8. What lifestyle changes do you recommend I make? (modifying my diet, changing my exercise routine, quitting smoking, minimizing stress, etc.)?

9. When should I come back for a follow-up visit? Will a virtual visit be okay or must I come in?
