Patients newly diagnosed with atrial fibrillation (AF) identified in CDARS between 2010 and 2016 (n=72 373)

Excluded (n=20 195):
- Missing date of birth or sex (n=5)
- Aged below 18 years (n=49)
- Valvular disease (n=2798)
- Transient AF (n=3087)
- Died at the first AF occurrence (n=4866)
- Low or moderate risk of stroke (CHA2DS2-VASc<2) (n=9390)

New patients with AF and high risk of stroke (n=52 178)
(Analysis: Treatment patterns)

Excluded (n=23 522):
- Did not receive antiplatelet drugs or oral anticoagulants after AF (n=7466)
- Did not have at least 28 days during follow-up (n=3061)
- Had a prescription of more than one kind of oral anticoagulant on index date (n=5)
- Previous ischemic stroke/intracranial bleeding/gastrointestinal bleeding (n=12 990)

High-risk patients taking antiplatelet drugs alone or oral anticoagulants (n=28 656)

Antiplatelet drugs (n=18 878)

Warfarin (n=4845)

DOACs (n=4933)

Excluded: Warfarin patients who did not have any valid INR test intervals for calculation of TTR (n=1042)
(Analysis: Evaluation of TTR)

High-risk patients taking antiplatelet drugs alone or oral anticoagulants (n=27 614)
Antiplatelet drugs (n=18 878); Warfarin (n=3803); DOACs (n=4933)
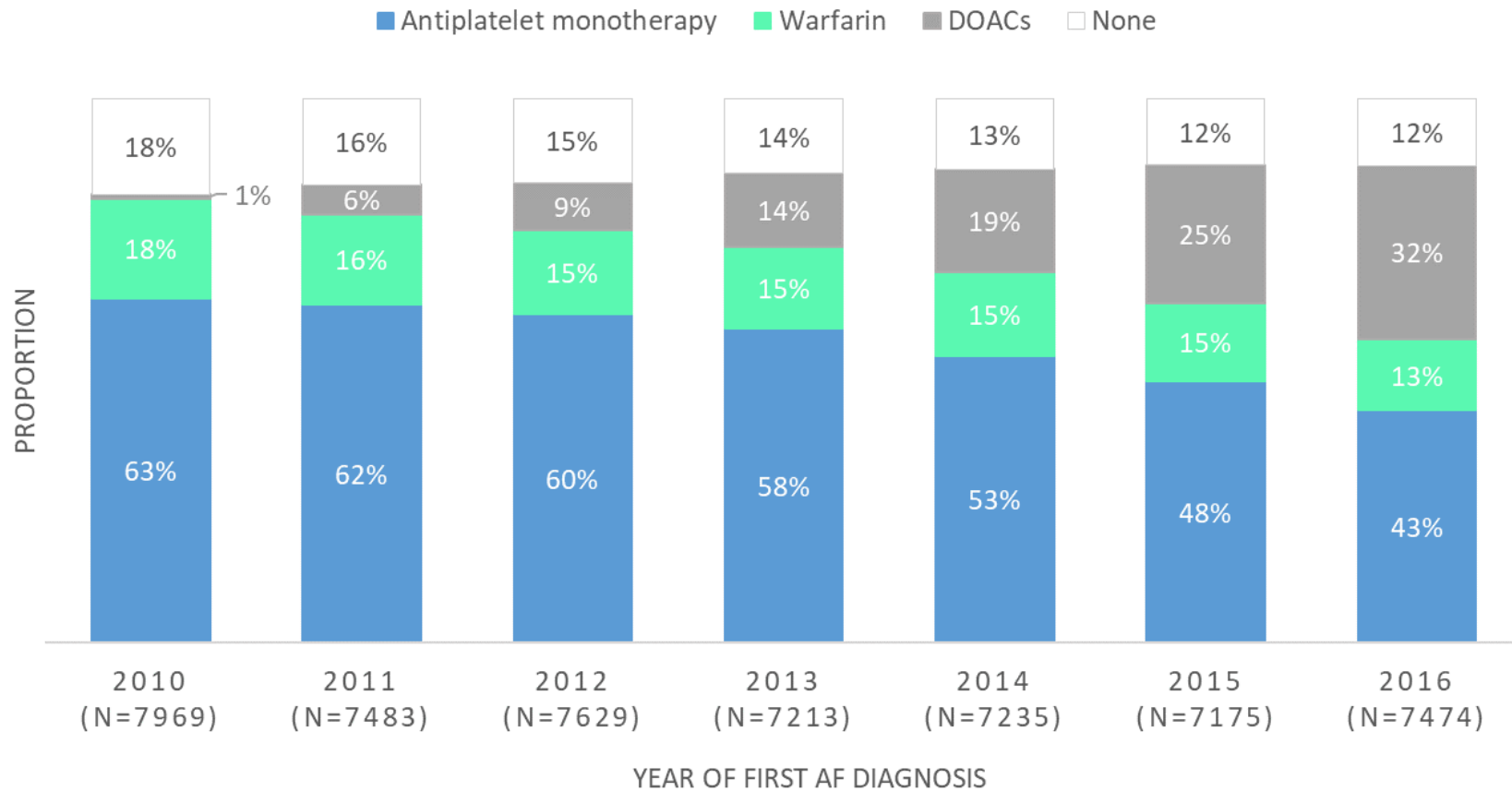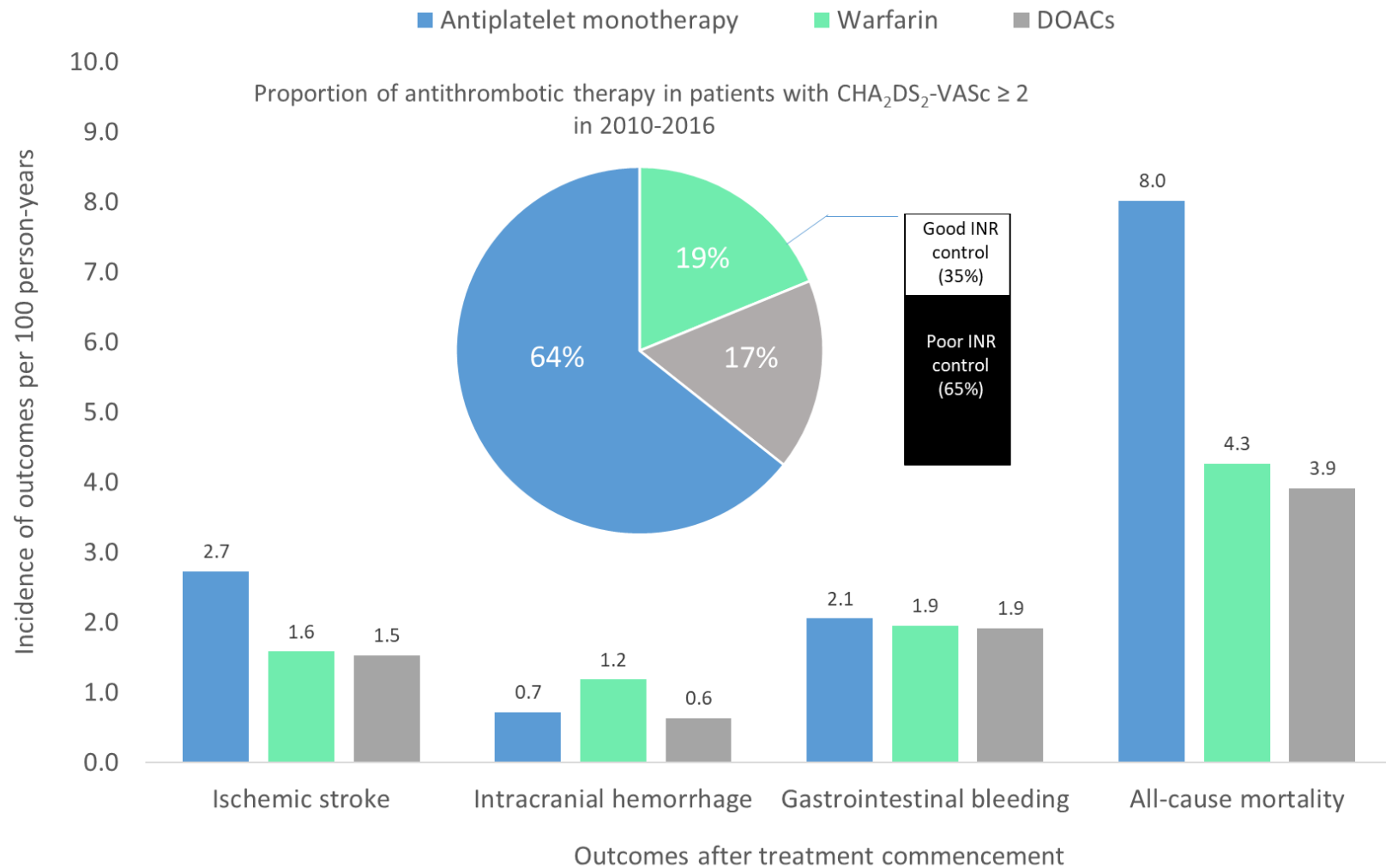(Analysis: Comparisons of clinical outcomes)

Figure 1. Cohort selection

Figure 2. Antithrombotic treatment in patients with atrial fibrillation and CHA$_2$DS$_2$-VASc ≥2 by year.
(CHA$_2$DS$_2$-VASc: Congestive heart failure, Hypertension, Age≥75 years [doubled], Diabetes mellitus, previous episodes of Stroke or transient ischemic attack or systemic embolism [doubled], Vascular disease, Age 65 to 74 years, Sex category [female];
(Abbreviations: AF=atrial fibrillation; DOACs=direct oral anticoagulants)

Figure 3. Proportion of antiplatelet monotherapy, warfarin, and direct oral anticoagulants in patients at high risk of stroke and the incidences of outcomes after propensity score matching.
(Abbreviations: DOACs=direct oral anticoagulants; INR=international normalized ratio)