

Objective. The aim of this study was to analyze the clinical characteristics of patients with atrial fibrillation (AF) and cardioembolic stroke (CES), to assess the quality of primary and secondary prevention of ischemic stroke (IS) in these patients, and to evaluate their short- and long-term prognosis.

Methods. A retrospective analysis of the medical records of inpatients treated for CES associated with AF between January 1 and June 30, 2023, was conducted at the neurovascular department of Ryazan City Clinical Hospital No. 11. Outcomes at 6 months were evaluated via a telephone survey, while 24-month outcomes were assessed using data from the “RT MIS” medical information system utilized at the hospital.

Results. A group of 117 patients was studied, comprising 41 (35.0%) men and 76 (65.0%) women. The mean age of the patients was 76.3 ± 8.9 years. The vast majority of the patients had comorbidities, and 18% had a history of recurrent stroke. Patients with permanent AF prevailed in the study group (41.9%). The in-hospital mortality rate was 35%. Prior to admission, all patients had a high risk of thromboembolic complications (mean CHA₂DS₂-VASc score 5.7 ± 1.2), but only 10 of them (8.5%) received adequate anticoagulant therapy (ACT). Telephone survey results showed that 6 months after discharge, 25% of the patients were not compliant with recommendations for oral anticoagulants. At 24 months, out of 76 patients, 21 (27.6%) had died and 30 (39.5%) had been readmitted; of those readmissions, 25 (83.3%) were due to cardiovascular diseases and 5 (16.7%) were due to recurrent IS. During the 24-month follow-up, the risk of a fatal outcome in the ACT-compliant group was 9.1 times lower compared to the non-compliant group (OR=0.109; 95% CI: 0.034–0.353, $p < 0.001$).

Conclusion. Patients with CES and AF are elderly individuals with a high incidence of comorbidities and a high risk of thromboembolic complications who do not receive adequate ACT in the outpatient setting. This patient category is characterized by high in-hospital (35%) and 2-year (27.6%) mortality rates. Adherence to ACT significantly reduces the risk of a fatal outcome within 24 months after the index event.