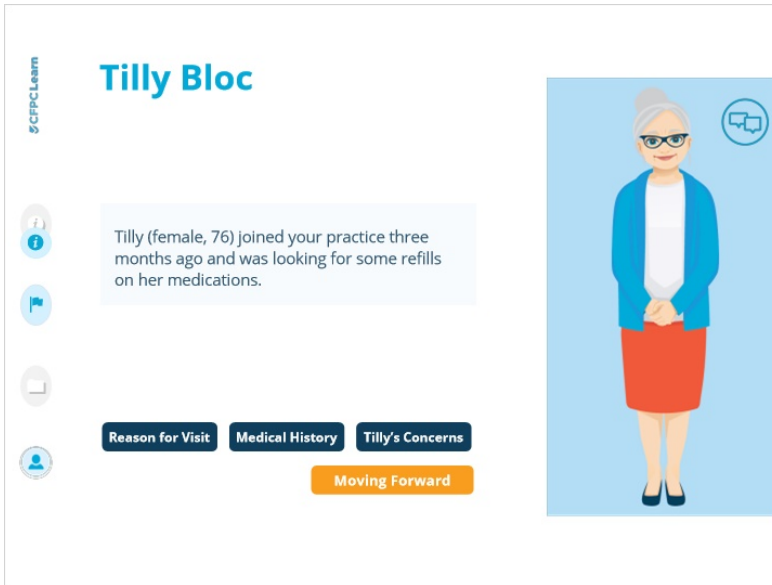


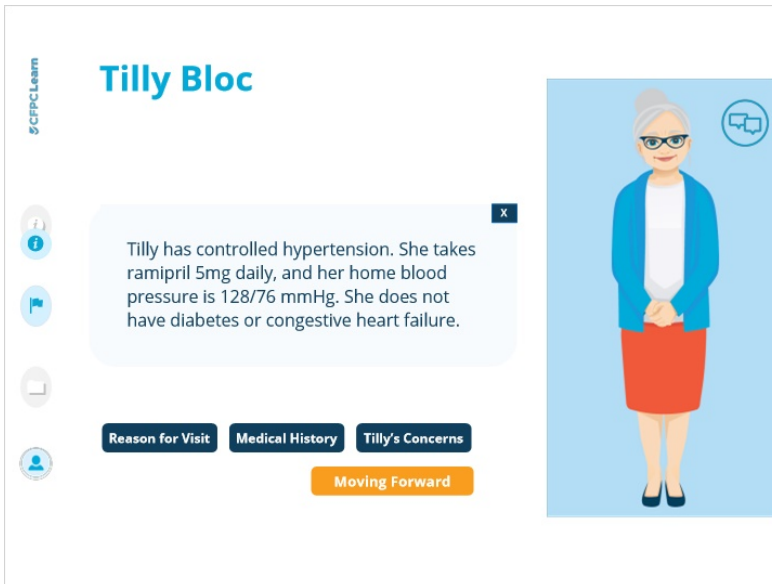
Tilly Bloc

1. Tilly Block

1.1 Meet Tilly Block



Button 1 (Slide Layer)



Concerns (Slide Layer)

The screenshot shows a slide layer titled "Tilly Bloc" with the SCFPCLearn logo in the top left. On the left is a vertical navigation menu with icons for Home, Back, Forward, and Profile. The main content area contains a text box with a close button (X) that reads: "Tilly worries about bleeding (she has no history of bleeding) and asks about stopping apixaban." Below the text are three tabs: "Reason for Visit", "Medical History", and "Tilly's Concerns" (which is selected). At the bottom is an orange "Moving Forward" button. On the right is a character illustration of an elderly woman with glasses, wearing a blue jacket and a red skirt, with a speech bubble icon above her head.

Reason for Visit (Slide Layer)


The screenshot shows a slide layer titled "Tilly Bloc" with the SCFPCLearn logo in the top left. On the left is a vertical navigation menu with icons for Home, Back, Forward, and Profile. The main content area contains a text box with a close button (X) that reads: "Tilly needs a refill for apixaban 5mg BID, metoprolol SR 100mg daily and diltiazem CD 120mg daily." Below this, another text box reads: "Atrial fibrillation was discovered four years ago during a work-up for a transient ischemic attack." Below the text are three tabs: "Reason for Visit" (which is selected), "Medical History", and "Tilly's Concerns". At the bottom is an orange "Moving Forward" button. On the right is a character illustration of an elderly woman with glasses, wearing a blue jacket and a red skirt, with a speech bubble icon above her head.

1.2 Multiple choice question

(Multiple Choice, 10 points, 1 attempt permitted)

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What is Tilly's annual risk of stroke?



Hint: Use the [SPARC tool](#)

13%
 11%
 9%
 7%
 5%

Submit

Correct	Choice
	13%
X	11%
	9%
	7%
	5%

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

1.3 CHA2DS2-Vasc Score

CHA2DS2-Vasc Score and Calculators

Answer: 11%

Calculate CHA2DS2-Vasc Score

Tilly's Score

Other Calculators

Tip about Calculators

Discussion with Tilly

Click on the buttons to reveal information.

Moving Forward

Other calcs (Slide Layer)

CHA2DS2-Vasc Score and Calculators

Answer: 11%

Calculate CHA2DS2-Vasc Score

Tilly's Score

Other Calculators

Tip about Calculators

Discussion with Tilly

Other Calculators



A different calculator may get a slightly different, but similar, estimate.

Moving Forward

Tips (Slide Layer)

SCFPCLearn

CHA2DS2-Vasc Score and Calculators



Answer: 11%

- Calculate CHA2DS2-Vasc Score
- Tilly's Score
- Other Calculators
- Tip about Calculators
- Discussion with Tilly

Helpful tip



- Cardiovascular disease (CVD) risk calculators are generally **over 10 (or five) years**.
- Atrial fibrillation calculators report stroke risk **each year**.

Moving Forward

CHA2DS2 (Slide Layer)

SCFPCLearn

CHA2DS2-Vasc Score and Calculators



Answer: 11%

- Calculate CHA2DS2-Vasc Score
- Tilly's Score
- Other Calculators
- Tip about Calculators
- Discussion with Tilly

CHA2DS2-Vasc Score

Tilly's CHA2DS2-Vasc score is calculated to be **6**.


This translates into an 11% risk of stroke per year.

Moving Forward

Discussion (Slide Layer)

SCFPCLearn

CHA2DS2-Vasc Score and Calculators



Answer: 11%

Calculate CHA2DS2-Vasc Score

Tilly's Score

Other Calculators

Tip about Calculators

Discussion with Tilly

Discussion with Tilly


You explain to Tilly that her annual stroke risk without treatment is 11%. This risk concerns her.

Moving Forward

Untitled Layer 5 (Slide Layer)

SCFPCLearn

CHA2DS2-Vasc Score and Calculators



Answer: 11%

Calculate CHA2DS2-Vasc Score

Tilly's Score

Other Calculators

Tip about Calculators

Discussion with Tilly

The CHA2DS2-Vasc score can be calculated using the [SPARC tool](#).

Age	<input type="radio"/> <65	<input type="radio"/> 65-74	<input checked="" type="radio"/> 75+
TIA or stroke (at any time in the past)	<input checked="" type="checkbox"/>		
Prior MI, peripheral artery disease, or aortic plaque	<input type="checkbox"/>		
Female	<input checked="" type="checkbox"/>		
CHF/ILV dysfunction (diagnosed at any time in the past)	<input type="checkbox"/>		
Hypertension (controlled or uncontrolled)	<input checked="" type="checkbox"/>		
Diabetes Type I or II (controlled or uncontrolled)	<input type="checkbox"/>		
CHA2DS2-VASC SCORE (0-9):	6		


Moving Forward

1.4 Multiple choice question

(Multiple Choice, 10 points, 1 attempt permitted)

CFPCLearn

How effective is apixaban?



On apixaban, what is Tilly's approximate annual risk of stroke?
(If you need it: [SPARC Tool](#))

9%
 7%
 5%
 3%
 1%

Submit

Correct	Choice
	9%
	7%
	5%
X	3%
	1%

Feedback when correct:

That's right! You selected the correct response.



Feedback when incorrect:

You did not select the correct response.

1.5 Stroke risk vs Bleed risk

SCFPCLearn

Review



Answer: 3%

Tilly's annual risk of stroke while taking apixaban is 3% per year.

Apixaban results in an 8% absolute risk reduction in stroke per year.

Calculation
 $11\% - 3\% = 8\%$

Clinical Pearl: Bleeding

Tilly's risk of major bleeding goes from 0.4% (untreated) to 2.8% on apixaban.



That's an 8% reduction in stroke for a 2.4% increase in major bleeding.

Moving Forward

1.6 History

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Tilly's visit, continued



Let's review Tilly's heart rate.

Readings

Symptoms

Click on the buttons to reveal information.

Moving Forward

Readings (Slide Layer)

The screenshot shows a slide layer titled "Tilly's visit, continued" with a blue header. On the left is a vertical sidebar with icons for home, back, forward, and user profile. The main content area has a blue header with the title and a circular profile picture of Tilly. Below the header, the text reads "Let's review Tilly's heart rate." There are two dark blue buttons: "Readings" (selected) and "Symptoms". A light blue box contains the text: "Readings Tilly's home blood pressure record shows her heart rate is generally in the 50s. Today, it is 54 beats per minute (bpm)." An orange "Moving Forward" button is at the bottom right.

Symptoms (Slide Layer)



The screenshot shows a slide layer titled "Tilly's visit, continued" with a blue header. On the left is a vertical sidebar with icons for home, back, forward, and user profile. The main content area has a blue header with the title and a circular profile picture of Tilly. Below the header, the text reads "Let's review Tilly's heart rate." There are two dark blue buttons: "Readings" and "Symptoms" (selected). A light blue box contains the text: "Symptoms Tilly thought about quitting apixaban also because she sometimes feels weak. She thinks apixaban is doing this. While you reflect on a work-up for 'weakness sometimes,' you wonder about the two rate control medicines and a low heart rate." An orange "Moving Forward" button is at the bottom right.

1.7 True or False question

(Multiple Choice, 10 points, 1 attempt permitted)

#CFPCLearn

True or False?



A strict heart rate target (< 80 bpm) reduces bad outcomes (e.g. stroke) better than a lenient target (<110 bpm).

True

False

Submit

Correct	Choice
	True
X	False

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

1.8 Rate control - Evidence and Guidelines

The screenshot shows a learning interface with a blue header containing the title 'Rate control' and a user profile icon. On the left, there is a vertical sidebar with icons for home, a list, a search, and a user profile. The main content area contains the following text:

Answer: A strict heart rate target (< 80bpm) does **not** reduce bad outcomes (such as stroke) better than a lenient target (< 120 bpm).

Click on the buttons to reveal information.

There are two dark blue buttons: 'Evidence' and 'Guidelines'. At the bottom right, there is an orange button labeled 'Let's Make a Plan'.

Evidence (Slide Layer)

This screenshot shows the 'Evidence' slide layer. The layout is similar to the previous one, but with an 'Evidence Review' box expanded. The text in the main area is:

Answer: A strict heart rate target (< 80bpm) does **not** reduce bad outcomes (such as stroke) better than a lenient target (< 120 bpm).

The 'Evidence' button is now highlighted. The 'Evidence Review' box contains the following text:

Evidence Review



In a three-year randomized study, 13% of patients in lenient (< 110 bpm) rate control had events such as stroke, cardiovascular death, bleeding, or hospitalization for heart failure compared to 15% in strict (<80 bpm) control. **This suggests lenient rate control is at least as safe as strict control.**

The 'Let's Make a Plan' button remains at the bottom right.

Guidelines (Slide Layer)

CFPC Learn


Rate control



Answer: A strict heart rate target (< 80bpm) does **not** reduce bad outcomes (such as stroke) better than a lenient target (< 120 bpm).

Evidence

Guidelines

 **Guidelines**



The Canadian Cardiovascular 2020 Atrial Fibrillation guidelines advise **“titrating rate-controlling agents to achieve a resting heart rate of < 100 bpm during atrial fibrillation.”**

Let's Make a Plan

1.9 Create a Plan

CFPC Learn

Let's Make a Plan



Using what you have learned write a plan for Tilly. It can include any/all of the following: lifestyle intervention(s), prescription intervention(s), lab(s)/test(s) required, follow up appointment time frame, and referral required.

Fill in your plan for the patient here

See how your plan compares

1.10 Plan Answers

CFPCLearn

Tilly Bloc

This is the proposed plan for Tilly. How does your plan compare?

- Prescriptions
- Prescriptions Additional
- Counseling & Refills
- Next Appointment

Click on the categories to the left to see possible answers

What's in a name?

Next Patient Back to Day Sheet

Rate control (Slide Layer)

CFPCLearn

Tilly Bloc

This is the proposed plan for Tilly. How does your plan compare?

- Prescriptions
- Prescriptions Additional
- Counseling & Refills
- Next Appointment

What's in a name?

Next Patient Back to Day Sheet



Prescriptions: Rate Control

You discuss with Tilly that tapering diltiazem slowly will increase her heart rate and may help her fatigue, so you start with that.

Refills (Slide Layer)

SCFPCLearn

Tilly Bloc



This is the proposed plan for Tilly. How does your plan compare?

- Prescriptions
- Prescriptions Additional
- Counseling & Refills
- Next Appointment

What's in a name?

Refills

You discuss with Tilly that her risk of having a stroke is greater than her risk of bleeding and suggest she continue the apixaban. She is agreeable.



You refill her apixaban and metoprolol prescriptions.

Next Patient Back to Day Sheet

Next Appointment (Slide Layer)

SCFPCLearn

Tilly Bloc



This is the proposed plan for Tilly. How does your plan compare?

- Prescriptions
- Prescriptions Additional
- Counseling & Refills
- Next Appointment

What's in a name?

Next Appointment



You plan to have Tilly back in one month to make sure her BP and heart rate have not increased too much off diltiazem.

Next Patient Back to Day Sheet

Dose Adjustment (Slide Layer)

SCFPCLearn

Tilly Bloc



This is the proposed plan for Tilly. How does your plan compare?

- Prescriptions
- Prescriptions Additional
- Counseling & Refills
- Next Appointment

What's in a name?

Prescriptions Additional: Dose Adjustments

Tilly is on the lowest dose of long-acting diltiazem. You may decide to use short-acting 30mg tablets for the taper, such as 30mg TID and then BID each week.



Another option is to reduce the beta-blocker dose first instead.

Next Patient Back to Day Sheet

Name (Slide Layer)

SCFPCLearn

Tilly Bloc



This is the proposed plan for Tilly. How does your plan compare?

- Prescriptions
- Prescriptions Additional
- Counseling & Refills
- Next Appointment

What's in a name?

Meaning Behind the Name: Tilly Bloc

Tilly Bloc has a heart conduction issue (but Tilly Rhythm is too obvious!)

Next Patient Back to Day Sheet