**Supplemental Table 1. Documented changes to antithrombotic therapy.**

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| --- | --- | --- | --- | --- |
| **Total patient number** | **Antithrombotic therapy on admission** | **Recommended by CARATV2.0** | **Antithrombotic prescribed at discharge** | **Nature of change in therapy\*** |
| **Patients recommended a specific change by CARATV2.0 (N=146)** | | | | |
| 4 | Antiplatelet (±antiplatelet)‖ | NOACs† | Nil antithrombotics | Downgrade |
| 1 | Antiplatelet (±antiplatelet) | NOACs | Warfarin (±antiplatelet) | Upgrade |
| 8 | Antiplatelet (±antiplatelet) | NOACs | Antiplatelet (±antiplatelet) | Sidestepping |
| 3 | Antiplatelet (±antiplatelet) | NOACs | NOACs (±antiplatelet) § | Upgrade |
| 18 | Antiplatelet (±antiplatelet) | Warfarin | Antiplatelet (±antiplatelet) | Sidestepping |
| 10 | Antiplatelet (±antiplatelet) | Warfarin | Warfarin (±antiplatelet) | Upgrade |
| 8 | Antiplatelet (±antiplatelet) | Warfarin | NOACs (±antiplatelet) | Upgrade |
| 2 | NOACs (±antiplatelet) | Warfarin | Warfarin (±antiplatelet) | Sidestepping |
| 25 | NOACs (±antiplatelet) | Warfarin | NOACs (±antiplatelet) | Sidestepping |
| 1 | NOACs (±antiplatelet) | Warfarin | Nil antithrombotics | Downgrade |
| 2 | NOACs (±antiplatelet) | Unsuitable for oral anticoagulants‡ | NOACs (±antiplatelet) | Sidestepping |
| 11 | Nil antithrombotics | Warfarin | Nil antithrombotics | Sidestepping |
| 15 | Nil antithrombotics | Warfarin | Warfarin (±antiplatelet) | Upgrade |
| 13 | Nil antithrombotics | Warfarin | NOACs (±antiplatelet) | Upgrade |
| 5 | Nil antithrombotics | NOACs | Nil antithrombotics | Sidestepping |
| 1 | Nil antithrombotics | NOACs | Warfarin (±antiplatelet) | Upgrade |
| 3 | Nil antithrombotics | NOACs | NOACs (±antiplatelet) | Upgrade |
| 2 | Nil antithrombotics | NOACs | Antiplatelet (±antiplatelet) | Upgrade |
| 7 | Warfarin (±antiplatelet) | NOACs | Warfarin (±antiplatelet) | Sidestepping |
| 1 | Warfarin (±antiplatelet) | NOACs | NOACs (±antiplatelet) | Sidestepping |
| 1 | Warfarin (±antiplatelet) | Unsuitable for oral anticoagulants | Nil antithrombotics | Downgrade |
| 2 | Warfarin (±antiplatelet) | Unsuitable for oral anticoagulants | Antiplatelet (±antiplatelet) | Downgrade |
| 1 | Warfarin (±antiplatelet) | Unsuitable for oral anticoagulants | Warfarin (±antiplatelet) | Sidestepping |
| 1 | Rivaroxaban (±antiplatelet) | Apixaban | Rivaroxaban (±antiplatelet) | Sidestepping |
| 1 | Rivaroxaban (±antiplatelet) | Apixaban | Apixaban (±antiplatelet) | Sidestepping |
| **Patients not recommended a specific change by CARATV2.0 but changed therapy by prescribers at discharge (N=11)** | | | | |
| 1 | Antiplatelet (±antiplatelet) | Unsuitable for oral anticoagulants | Nil antithrombotics | Downgrade |
| 2 | Antiplatelet (±antiplatelet) | Unsuitable for oral anticoagulants | NOACs (±antiplatelet) | Upgrade |
| 1 | Nil antithrombotics | Unsuitable for oral anticoagulants | NOACs (±antiplatelet) | Upgrade |
| 2 | Nil antithrombotics | Unsuitable for oral anticoagulants | Warfarin (±antiplatelet) | Upgrade |
| 1 | Nil antithrombotics | Unsuitable for oral anticoagulants | Antiplatelet (±antiplatelet) | Upgrade |
| 1 | Warfarin (±antiplatelet) | Warfarin | NOACs (±antiplatelet) | Sidestepping |
| 1 | Warfarin (±antiplatelet) | Warfarin | Nil antithrombotics | Downgrade |
| 1 | Warfarin (±antiplatelet) | Warfarin | Antiplatelet (±antiplatelet) | Downgrade |
| 1 | NOACs (±antiplatelet) | NOACs | Warfarin (±antiplatelet) | Sidestepping |

\* Discharge compared with admission. Upgrade means “Upgrades” to a more effective prophylactic therapy (i.e., from no therapy to any agent, or from aspirin to warfarin/dabigatran). Sidestepping means patients remain in the same level of treatment (i.e., from one anticoagulant to one anticoagulant, one antiplatelet to one antiplatelet). “Downgrade” to a less effective prophylactic therapy (i.e. from one anticoagulant to one antiplatelet, from one antiplatelet to nil antithrombotic therapy)

† Including: any NOAC (dabigatran or rivaroxaban or apixaban), either rivaroxaban or apixaban, apixaban only, either dabigatran or rivaroxaban, either dabigatran or apixaban

‡ Unsuitable for oral anticoagulants: if non-modifiable risk factors, consider alternative antithrombotics (e.g., aspirin, clopidogrel) or seek specialists’ advice

§ Including dabigatran or rivaroxaban or apixaban

‖ Antiplatelet (±antiplatelet) including: apirin, aspirin+dipyramidole, aspirin+clopidorel or clopidorel.

**Supplemental Table 2. Prescribers’ reasons for not following CARATV2.0’s recommendations.**

|  |  |  |
| --- | --- | --- |
| **Therapy recommended by CARATV2.0 (n=119)** | **Therapy prescribed by prescribers at discharge**  **(n=119)** | **Prescribers’ reasons for not following CARATV2.0’s recommendations** |
| Warfarin (n=79) | NOACs (±antiplatelet) (n=44) | * NOACs better/easier to manage/no need for monitoring (n=19) * continue pre-admission therapy (n=16) * consultant/specialist’s opinion (n=6) * patient not reliable on INR check (n=1) * high fall risk (may leads to bleeding) (n=1) * dementia (hard to manage warfarin) (n=1) |
| Antiplatelet (±antiplatelet) n=22 | * high fall risk (may leads to bleeding) (n=6) * couple of AF episodes (follow-up to consider OAC) (n=5) * continue pre-admission therapy (n=3) * bleeding risk (history of GI or urinary bleeding) (n=3) * anemia (n=1) * cognitive impairment and high fall risk (n=1) * dementia (n=1) * GP’s opinion (n=1) * older age (palliative care) (n=1) |
| Nil antithrombotic therapy (n=13) | * New onset of AF (follow-up to consider OAC) (n=5) * risk of bleeding due to comorbidities (n=2) * GP to start warfarin (n=1) * older age (palliative care) (n=1) * older age and comorbidities (n=1) * older age and high fall risk (n=1) * older age and dementia (n=1) * dementia and wheel chair bound (n=1) |
| NOACs\* (n=29) | Warfarin (±antiplatelet) (n=10) | * continue pre-admission therapy (n=5) * warfarin works well and can be monitored (n=3) * specialist’s opinion (n=1) * ADR with rivaroxban so back to warfarin (n=1) |
| Antiplatelet (±antiplatelet) (n=10) | * continue pre-admission therapy (n=2) * bleeding risk>stroke risk (n=1) * bleeding risk due to previous trauma and current cancer status (n=1) * older age and high fall risk (n=1) * dementia and high fall risk (n=1) * specialist’s opinion (n=1) * GP’s opinion (worried about fall risk) (n=1) * GP and specialist’ opinion (fall risk and prior subdural bleeding) (n=1) * couple of AF episodes (follow-up to consider OAC) (n=1) |
| Nil antithrombotic therapy (n=9) | * low platelet and anemia (n=2) * multiple myeloma and anemia baseline INR 1.6 (n=1) * recent bleeding (follow-up to consider OAC) (n=1) * older age (n=1) * older age and comorbidities (n=1) * fall risk (may leads to bleeding) (n=1) * GP and specialist’s opinion (n=1) * GP’s opinion (n=1) |
| Unsuitable for OAC† (n=8) | Warfarin (±antiplatelet) (n=3) | * stroke risk (need OAC) (n=2) * continue pre-admission therapy (n=1) |
| NOACs ‡ (±antiplatelet) (n=5) | * stroke risk (need OAC) (n=2) * continue pre-admission therapy (n=2) * specialist’s opinion (n=1) |
| Apixaban (n=3) | Rivaroxaban (±antiplatelet) (n=3) | * rivaroxaban better /easier to manage (n=2) * continue pre-admission therapy (n=1) |

Antiplatelet (±antiplatelet) including: aspirin, aspirin+dipyramidole, aspirin+clopidogrel or clopidogrel.

OAC: oral anticoagulants

\* Including: any NOAC (dabigatran or rivaroxaban or apixaban), either rivaroxaban or apixaban, apixaban only, either dabigatran or rivaroxaban, either dabigatran or apixaban

†Unsuitable for oral anticoagulants: if non-modifiable risk factors, consider alternative antithrombotics (e.g., aspirin, clopidogrel) or seek specialists’ advice

‡ Including dabigatran or rivaroxaban or apixaban