**Supplemental Table 1**

Characteristics of patients treated with dabigatran, rivaroxaban and apixaban.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | dabigatran (n=114) | rivaroxaban (n=142) | apixaban (n=20) | P-value |
| Age, year  | 69.1 ± 11.3 | 68.1 ± 9.9 | 70.8 ± 10.1 | 0.5 |
| Male gender, n (%) | 68 (59.6) | 72 (50.7) | 10 (50.0) | 0.3 |
| Type of AF, n (%)  |   |   |   |  |
|  Paroxysmal | 56 (49.1) | 65 (45.8) | 9 (45.0) | 0.9 |
|  Persistent | 27 (23.7) | 35 (24.7) | 4 (20.0) |
|  Permanent | 31 (27.2) | 42 (29.6) | 7 (35.0) |
| Time interval from AF diagnosis, months | 22.5 (6-60) | 36 (13-60) | 20.5 (10-55) | 0.11 |
| Time interval from initiating the OAC, months  | 11 (4-24) | 17 (6-28) | 5 (3-8) | <0.001 |
| Comorbidities, n (%) |  |  |  |  |
|  Heart failure, n (%)  | 41 (36.0) | 48 (33.8) | 10 (50.0) | 0.4 |
|  Arterial hypertension, n (%) | 100 (87.7) | 122 (86.6) | 18 (90.0) | 0.9 |
|  Diabetes mellitus, n (%) | 36 (31.6) | 47 (33.1) | 11 (55.0) | 0.1 |
|  Prior myocardial infarction, n (%) | 23 (20.2) | 27 (19.0) | 7 (35.0) | 0.26 |
|  Prior stroke or TIA, n (%) | 22 (19.3) | 26 (18.3) | 7 (35.0) | 0.2 |
|  Vascular disease, n (%) | 33 (28.9) | 41 (28.9) | 8 (40.0) | 0.59 |
| History of major bleeding, n (%) | 11 (9.6) | 11 (7.8) | 8 (40.0) | <0.01 |
| Easy bruising, n (%) | 37 (32.5) | 55 (38.7) | 12 (60.0) | 0.06 |
| Gingival bleeding, n (%) | 13 (11.4) | 25 (17.6) | 7 (35.0) | 0.03 |

AF: atrial fibrillation, OAC: oral anticoagulation, m: months, TIA: transient ischaemic attack.

Data are given as mean ± standard deviation, median (interquartile range) or number (percentages).

**Supplemental Table 2**

Specific topics addressed in the JAKQ with the percentage of correct responses in AF patients treated with NOACs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Dabigatrann=114  | Rivaroxaban n=142  | Apixaban n=20  |  P-value |
|  |  |  |  |  |
| **8 questions about AF in general** |  |  |  |  |
| AF is a condition where the heart beats irregularly and often faster than normal  | 87 (76.3) | 111 (78.2) | 11 (55.0) | 0.08 |
| AF is not always accompanied by symptoms  | 37 (32.5) | 51 (35.9) | 11 (55.0) | 0.15 |
| Patients can detect AF by taking their pulse regularly  | 61 (53.5) | 75 (52.8) | 9 (45.0) | 0.77 |
| AF can cause blood clots which can lead to stroke (cerebral infarction)  | 89 (78.1) | 117 (82.4) | 19 (95.0) | 0.19 |
| Medication cannot prevent AF permanently, as the arrhythmia will increasingly occur with ageing, even when taking medication  | 33 (28.9) | 57 (40.1) | 6 (30.0) | 0.17 |
| An AF patient should not go to the general practitioner or emergency room each time he/she feels AF  | 30 (26.3) | 38 (26.8) | 6 (30.0) | 0.91 |
| Being overweight exacerbates AF  | 61 (53.5) | 82 (57.7) | 11 (55.0) | 0.92 |
| Blood thinners are often prescribed for patients with AF in order to prevent the development of blood clots in the heart, which can lead to stroke  | 93 (81.6) | 118 (83.1) | 17 (85.0) | 0.97 |
| **5 questions about OAC therapy** |   |   |   |   |
| Patients with AF should always take their blood thinners, even if they do not feel AF  | 99 (86.8) | 99 (79.7) | 12 (60.0) | <0.001 |
| Possible side effects of blood thinners are the occurrence of bleedings and longer bleeding times in case of injuries  | 82 (71.9) | 104 (75.4) | 20 (100.0) | 0.03 |
| AF patients may only take painkillers based on paracetamol  | 46 (40.4) | 71 (50.0) | 11 (55.0) | 0.14 |
| When AF patients regularly have minor nose bleeds (that spontaneously cease), they should contact the general practitioner or specialist, while continuing to take their blood thinners | 84 (73.7) | 95 (66.9) | 11 (55.0) |   |
| 0.15 |
|  |
| If an AF patient needs an operation, he/she should consult a doctor to discuss possible options | 88 (77.2) | 112 (78.9) | 14 (70.0) | 0.63 |
| **3 questions about NOAC** |   |   |   |   |
| For patients taking NOAC, it is important to take their blood thinner at the same time every day  | 103 (90.4) | 129 (90.8) | 19 (95.0) | 0.93 |
| When AF patients taking NOAC have forgotten to take their blood thinner, they can still take that dose, unless the time till the next dose is less than the time after the missed dose | 53 (46.5) | 70 (49.3) | 12 (60.0) | 0.6 |
| The NOAC card should be shown to their general practitioner and specialist by AF patients | 26 (22.8) | 24 (16.9) | 3 (15.0) | 0.29 |

Data are given as number (percentage).

NOAC: non-vitamin K antagonist oral anticoagulant, JAKQ: Jessa Atrial Fibrillation Knowledge Questionnaire, other abbreviations- see supplemental Table 1