Table S1. Anticoagulation management.

| Treatment Type                        | High stroke risk n=1490 (73.7%) | Low stroke risk n=531 (26.3%) |
|---------------------------------------|----------------------------------|-------------------------------|
| No treatment                          | 91 (6.4%)                        | 69 (13.1%)                    |
| Single antiplatelet therapy           | 403 (28.3%)                      | 197 (37.6%)                   |
| Dual antiplatelet therapy             | 97 (6.8%)                        | 18 (3.4%)                     |
| Anticoagulant only                    | 469 (33%)                        | 207 (39.3%)                   |
| Dual antithrombotic therapy           | 294 (20.7%)                      | 28 (5.4%)                     |
| Triple antithrombotic therapy         | 37 (2.6%)                        | 4 (0.8%)                      |
| Other combinations                    | 29 (2.2%)                        | 2 (0.4%)                      |

High stroke risk: ♀CHA_{2DS}-VASc ≥2, ♂CHA_{2DS}-VASc ≥1
Low stroke risk: ♀CHA_{2DS}-VASc <2, ♂CHA_{2DS}-VASc
Table s2. Management of comorbidities according to the current guidelines.

|                     | Hypertension (n = 1029) | HF (n = 524) | CAD (n= 552) | Diabetes mellitus (n=603) | Dyslipidaemia (n= 662) |
|---------------------|--------------------------|-------------|-------------|---------------------------|------------------------|
| ACEI (%)            | 462 (44.9%)              | 285 (54.4%) | 274 (49.6%) |                          |                        |
| ARB (%)             | 232 (22.5%)              | 95 (18.1%)  | 129 (23.4%) |                          |                        |
| Verapamil/diltiazem (%) | 110 (10.7%)         | 42 (7.6%)   |             |                          |                        |
| Other Calcium Channel blocker (%) | 144 (14%)         | 77 (13.9%)  |             |                          |                        |
| Beta-blocker (%)    | 624 (60.6%)              | 263 (50.2%) | 332 (60.1%) |                          |                        |
| Digoxin (%)         |                          | 331 (63.2%) |             |                          |                        |
| Diuretic (%)        | 552 (53.6%)              | 478 (91.2%) |             |                          |                        |
| Aspirin (%)         |                          |             | 372 (67.4%) |                          |                        |
| Clopidogrel (%)     |                          |             | 125 (22.6%) |                          |                        |
| Statin (%)          |                          |             | 440 (79.7%) | 559 (84.4%)              |                        |
| Other lipid-lowering agent (%) | 12 (2.2%)       |             | 16 (2.4%)   |                          |                        |
| Diet (%)            |                          |             |             | 60 (10%)                 |                        |
| Insulin therapy (%) |                          |             |             | 162 (26.9%)              |                        |
| Oral antidiabetic drugs (%) |             |             |             | 409 (67.8%)              |                        |

Abbreviations: ACEI-angiotensin-converting-enzyme inhibitors, ARB-angiotensin receptor blockers, CAD-coronary artery disease, HF-heart failure,
Figure s1. Classification of patients included in the study according to the risk for stroke based on the CHA₂DS₂-VASc score.

n=2021

n=1490 (73.7%)
Suitable for anticoagulation

♀ CHA₂DS₂-VASc ≥2
n=762 (37.7%)

♂ CHA₂DS₂-VASc ≥1
n=728 (36%)

♀ CHA₂DS₂-VASc <2
n=206 (10.2%)

♂ CHA₂DS₂-VASc =0
n=325 (16.1%)

n=531 (26.3%)
Unsuitable for anticoagulation
Figure s2. A simplified methodology scheme of the evaluation of compliance of AF management with ABC pathway components.

- Identification of low-risk patients: CHA2DS2-VASc score of 0 in men or 1 in women
- Implementation of anticoagulant treatment among patients with CHA2DS2-VASc ≥ 1
- AF symptoms occurrence: Good control: EHRA I,II
- Appropriate treatment of comorbidities: HT < 140/90; HF-ACEI/ARB or β-blocker; PAD and CAD: statin or ACEI/ARB; Stroke: statin; 'C'- Cardiovascular and other comorbidities’
- ‘B’- better symptoms management
- ‘A’- optimize stroke prevention

Evaluation of compliance of AF management with ABC pathway components