

## HAS-BLED score predicts bleeding risk.<sup>1</sup>

Letter	Parameter	Points (if yes)
<b>H</b>	hypertension (>160 mmHg systolic)	1
<b>A</b>	abnormal renal and/or liver function (1 point each)*	1 or 2
<b>S</b>	stroke	1
<b>B</b>	bleeding history	1
<b>L</b>	labile INRs** (time in therapeutic range < 60%)	1
<b>E</b>	elderly (age ≥ 65 years)	1
<b>D</b>	drugs or alcohol (1 point each) <sup>+</sup>	1 or 2

**Maximum 9 points**

\* **Abnormal renal function:** Cr >2.26 md/dL, dialysis, or renal transplant. **Abnormal liver function:** cirrhosis or total bilirubin > 2x upper limit of normal, with ALT/AST/AP > 3x upper limit of normal

\*\* This score was developed for patients on warfarin, but it generally applies to other anticoagulants as well.

<sup>+</sup> **Drugs:** antiplatelet agents, nonsteroidal anti-inflammatories; **Alcohol:** ≥ 8 drinks per week

## CHA<sub>2</sub>DS<sub>2</sub>-VASc score predicts stroke risk.<sup>2</sup>

Letter	Characteristic	Points (if yes)
<b>C</b>	congestive heart failure <sup>†</sup>	1
<b>H</b>	hypertension	1
<b>A</b>	age ≥ 75 years	2
<b>D</b>	diabetes	1
<b>S</b>	stroke, TIA, or thromboembolism	2
<b>V</b>	vascular disease <sup>††</sup>	1
<b>A</b>	age 65-74 years	1
<b>S</b>	sex: female	1

**Maximum 9 points**

<sup>†</sup> **Congestive heart failure:** left ventricle ejection fraction ≤ 40

<sup>††</sup> **Vascular disease:** myocardial infarction, peripheral vascular disease, or aortic plaque

**Visit [AlosaHealth.org/modules/Afib](http://AlosaHealth.org/modules/Afib)**

**for links to risk calculators, other resources, and an evidence document.**



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These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at [AlosaHealth.org](http://AlosaHealth.org).

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# Guidance to help choose best anticoagulation options <sup>3,4,5</sup>

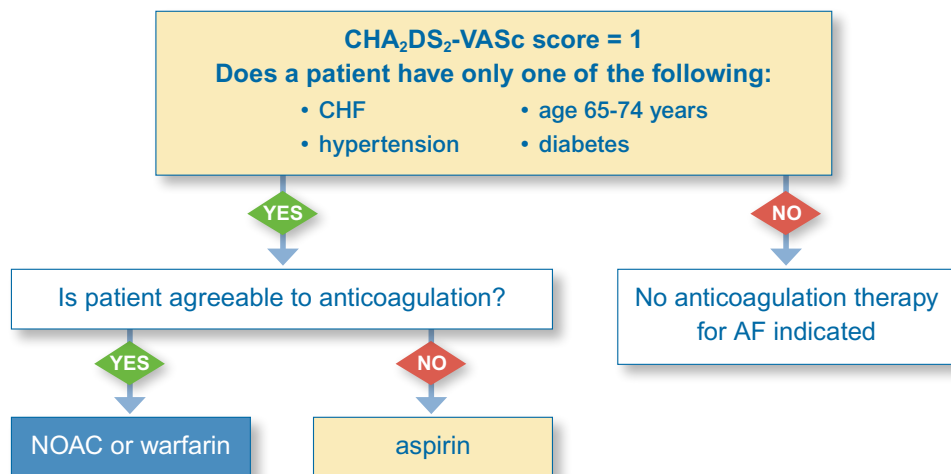
Annual bleeding risk on anticoag.	HAS-BLED score	Recommended treatment						
		0	1	2	3	4	5	≥ 6
≥ 8%	≥ 4							
4%	3							
2%	2							
1%	1							
<b>CHA<sub>2</sub>DS<sub>2</sub>-VASc</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>≥ 6</b>
Absolute risk reduction with anticoagulation		0.2%	0.5%	2%	3%	4%	6%	≥ 8%

- No therapy
- See figure below
- Novel oral anticoagulant (NOAC) or warfarin
- Dose-reduced NOAC\* or warfarin with frequent INR monitoring

\* Dose-reduced NOACs include rivaroxaban 15mg daily, apixaban 2.5mg BID, or edoxaban 30mg daily. Dabigatran 75mg BID is FDA-approved but not tested in clinical trials.

— Patient factors such as creatinine clearance, weight and age, instead of HAS-BLED score, may also warrant reduced-dose NOAC use.

## Selecting anticoagulation in AF patients with a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1



(1) Pisters R, Lane DA, Nieuwlaar R, de Vos CB, Crijns HJ, Lip GY. A novel user-friendly score (HAS-BLED) to assess 1-year risk of major bleeding in patients with atrial fibrillation: the Euro Heart Survey. *Chest*. 2010;138(5):1093-1100. (2) Lip GY, Tse HF, Lane DA. Atrial fibrillation. *Lancet*. 2012;379(9816):648-661. (3) Friberg L, Rosenqvist M, Lip GY. Evaluation of risk stratification schemes for ischaemic stroke and bleeding in 182 678 patients with atrial fibrillation: the Swedish Atrial Fibrillation cohort study. *Eur Heart J*. 2012;33(12):1500-1510. (4) Olesen JB, Lip GY, Lindhardsen J, et al. Risks of thromboembolism and bleeding with thromboprophylaxis in patients with atrial fibrillation: A net clinical benefit analysis using a 'real world' nationwide cohort study. *Thromb Haemost*. 2011;106(4):739-749. (5) Ruff CT, Giugliano RP, Braunwald E, et al. Comparison of the efficacy and safety of new oral anticoagulants with warfarin in patients with atrial fibrillation: a meta-analysis of randomised trials. *Lancet*. 2014;383(9921):955-962.