



Appendix E: HAS-BLED Score for Major Bleeding¹

Establish stratified risk score of bleeding for those on oral anticoagulation treatment for atrial fibrillation (AF).

HAS-BLED score for bleeding risk on oral anticoagulation in atrial fibrillation

Letter	Clinical Characteristic	Score (if present)
H	Hypertension (systolic \geq 160 mmHg) – on treatment	1
A	Abnormal renal function (Dialysis, transplant, Cr $>$ 2.6 mg/dL or $>$ 200 μ mol/L)	1
A	Abnormal liver function (Cirrhosis or bilirubin $>$ 2xNormal or AST/ALT/AP $>$ 3xNormal)	1
S	Stroke in past	1
B	Prior major bleeding or predisposition to bleeding	1
L	Labile INRs (Unstable/high INRs, time in therapeutic range $<$ 60%)	1
E	Elderly – age \geq 65 years	1
D	Drugs: Medication usage predisposing to bleeding (antiplatelet agents, NSAIDs)	1
D	Drugs: Concomitant alcohol intake (\geq 8 drinks/week)	1
Total HAS-BLED Score		Maximum score = 9

The risk of major bleeding within 1 year in patients with AF enrolled in the Euro Heart Study

Risk	Score Range	Annual risk of bleeding (%)
Low	0	1.13
Moderate	1 – 2	1 – 2
High	3+	2 – 12

A score of 3 or more indicates increased one year bleed risk on anticoagulation sufficient to justify caution or more regular review. The risk is for intracranial bleed, bleed requiring hospitalization or a hemoglobin drop $>$ 2 g/L or that needs transfusion.

Reference:

1. Pisters R, Lane DA, Nieuwlaat R, de Vos CB, Crijns HJ, Lip GY. A novel user-friendly score (HAS-BLED) to assess one-year risk of major bleeding in atrial fibrillation patients: The Euro Heart Survey. *Chest*. 2010; 138(5):1093-100.