

IN A NUTSHELL

The knowledge platform for general practitioners

HAS-BLED Score

The HAS-BLED score is designed to assess the 1-year risk of major bleeding in patients with atrial fibrillation and therapeutic anticoagulation. Major bleeding is characterized as follows: intracranial hemorrhage, need for hospitalization, relevant hemoglobin drop, need for transfusion.

For risk stratification of ischemic stroke and thromboembolism in patients with atrial fibrillation, the [CHA₂DS₂-VASc score](#) can be used.

Hypertension

☐ No ☐ Yes (+1)

Abnormal renal function

Dialysis, kidney transplantation, creatinine $\geq 200 \mu\text{mol/l}$ ($\geq 2.26 \text{ mg/dl}$)

☐ No ☐ Yes (+1)

Abnormal liver function

Liver disease, bilirubin $> 2 \times \text{ULN}$ with ASAT/ALAT/AP $> 3 \times \text{ULN}$

☐ No ☐ Yes (+1)

Stroke history

☐ No ☐ Yes (+1)

Previous major Bleeding or predisposition to bleeding

☐ No ☐ Yes (+1)

Labile INR

☐ No ☐ Yes (+1)

Age > 65 years

☐ No ☐ Yes (+1)

Medications predisposing to bleeding

Antiplatelet agents, NSAID

☐ No ☐ Yes (+1)

Alcohol

≥ 8 units/week

☐ No ☐ Yes (+1)

HAS-BLED Score:

- bleedings per 100 patient-years
- Risk for major bleeding:

Recommendation:

ULN = upper limit of normal, ASAT = aspartate transaminase, ALAT = alanine transaminase, AP = alkaline phosphatase, INR = international normalized ratio, NSAID = non-steroidal anti-inflammatory drugs

Interpretation

Points	Bleedings per 100 patient-years [1]	Risk for major bleeding [3]	Recommendation
0	1.13	0.9 %	Low risk for major bleeding Anticoagulation should be considered
1	1.02	3.4 %	Moderate risk for major bleeding
2	1.88	4.1 %	Anticoagulation may be considered
3	3.74	5.8 %	High risk of major bleeding
4	8.7	8.9 %	Caution with anticoagulation. Alternatives should be considered.
5	12.5	9.1 %	
> 5	-	-	Very high risk of major bleeding

References

1. Pisters R, Lane DA, Nieuwlaat R et al. 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: 1093-1100
2. Hindricks G, Potpara T, Dagres N et al. 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association of Cardio-Thoracic Surgery (EACTS). Eur Heart J 2020:
3. Lip GY, Frison L, Halperin JL et al. Comparative validation of a novel risk score for predicting bleeding risk in anticoagulated patients with atrial fibrillation: the HAS-BLED (Hypertension, Abnormal Renal/Liver Function, Stroke, Bleeding History or Predisposition, Labile INR, Elderly, Drugs/Alcohol Concomitantly) score. J Am Coll Cardiol 2011; 57: 173-180