

CHA₂DS₂-VASc is the revised version of the familiar CHADS₂ score. It is recommended because it more precisely identifies patients with atrial fibrillation (AF) who need anticoagulation with warfarin or one of the new oral anticoagulants. When considering anticoagulation, it is important to balance an AF patient's risk of stroke and risk of bleeding. HAS-BLED can be used to assess the risk of bleeding, target and manage correctable risk factors such as high blood pressure and labile INR, and identify patients who need more frequent review and monitoring after starting anticoagulation.



CHA₂DS₂-VASc

Risk factor	Score
Congestive heart failure / LV dysfunction	1
Hypertension	1
Age >75	2
Diabetes	1
Stroke / TIA / thromboembolism	2
Vascular disease*	1
Age 65-74	1
Sex category (ie female sex)	1

Add the points to give you the total CHA₂DS₂-VASc score.
Maximum score = 9

*Prior myocardial infarction, peripheral arterial disease, aortic plaque

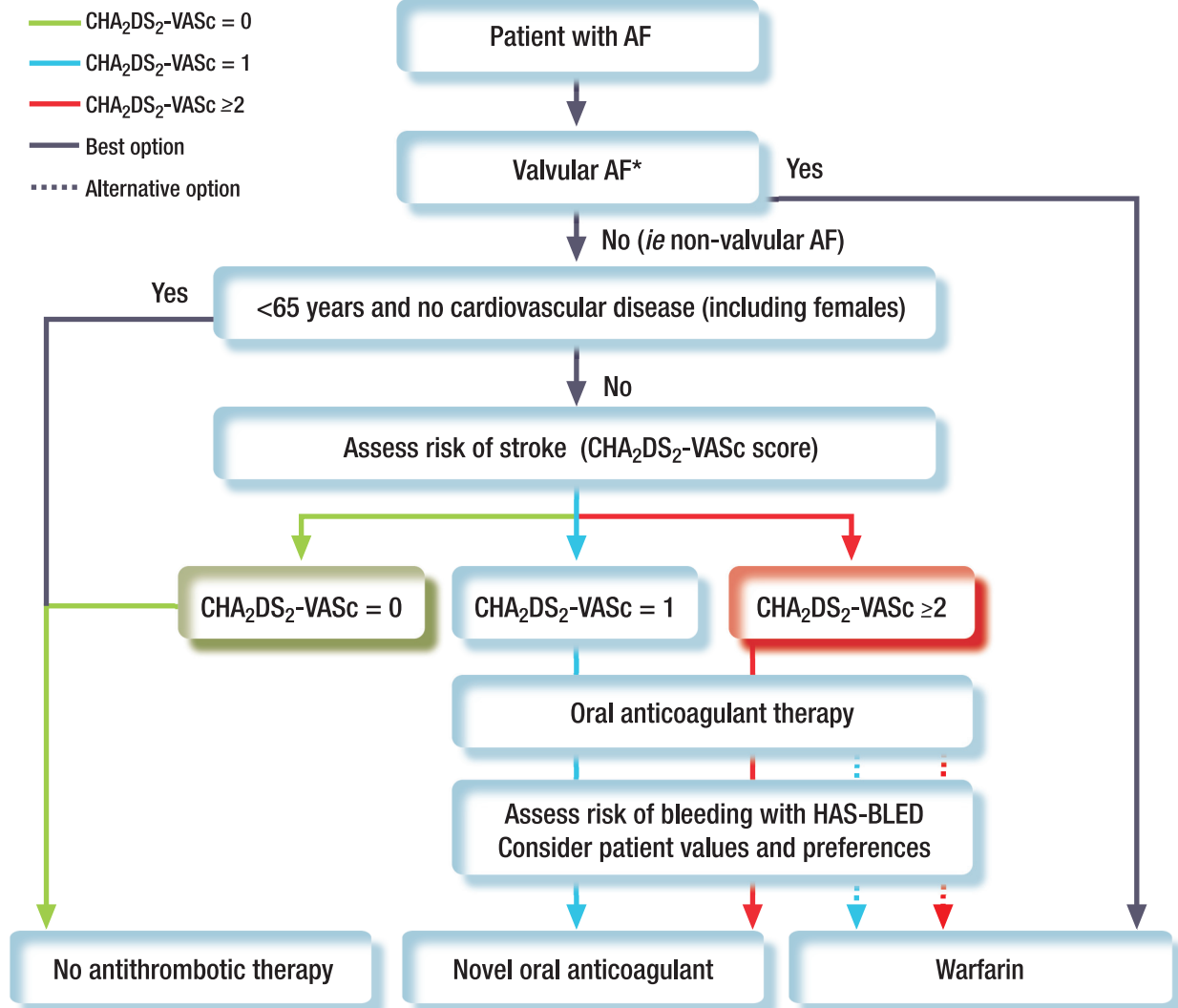
HAS-BLED

Risk factor	Score
Hypertension (SBP >160 mmHg)	1
Abnormal kidney or liver function*	1 or 2
Stroke	1
Bleeding	1
Labile INR	1
Elderly (eg age >65 years)	1
Drugs (eg antiplatelet agents, NSAIDs) or alcohol	1 or 2

Add the points to give you the total HAS-BLED score.
Maximum score = 9

*Dialysis, transplantation, creatinine >200 µmol/L, chronic hepatic disease, significantly abnormal LFT

Recommendations for stroke prevention in AF



- Antiplatelet therapy with aspirin + clopidogrel, or – less effectively – aspirin only, should be considered in patients who refuse any oral anticoagulant, or cannot tolerate anticoagulants for reasons unrelated to bleeding
- Regular review of risk factors for stroke and bleeding is essential
- Aspirin and anticoagulants have the same risk of bleeding, and the risk of bleeding is lower with anticoagulants than with aspirin + clopidogrel

* includes rheumatic valvular disease and prosthetic valves

Key: LFT = liver function tests; LV = left-ventricular; NSAIDs = non-steroidal anti-inflammatory drugs; SBP = systolic blood pressure; TIA = transient ischaemic attack

Further reading:

Royal College of Physicians of Edinburgh UK Consensus Conference. Approaching the comprehensive management of atrial fibrillation: evolution or revolution? 2011. www.rcpe.ac.uk/clinical-standards/index.php
Camm AJ *et al.* 2012 focused update of the 2010 ESC Guidelines for the management of atrial fibrillation. *Eur Heart J* 2012;33:2719-47. www.escardio.org/guidelines-surveys/esc-guidelines/GuidelinesDocuments/Guidelines_Focused_Update_Atrial_Fib_FT.pdf