

LETTERS

ATRIAL FIBRILLATION GUIDELINES

Don't forget HASBLED score

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Anticoagulation in atrial fibrillation is a key priority.¹ As junior doctors working in both general medicine and cardiology, we have found the CHA₂DS₂-VASc system no more onerous than its predecessor, CHADS₂. The scoring system and the new guidelines also help in what is often a poorly managed condition on general medical on-calls.

The HASBLED score is included in guidelines but was not mentioned in the editorial.² It calculates the risk of bleeding on the basis of seven variables: hypertension (1 point), abnormal liver/renal function (1 or 2 points), stroke (1 point), bleeding (1 point), labile international normalised ratios (1 point), elderly (>65, 1 point), drugs/alcohol (1 or 2 points). The maximum score is 9, ≥3 points suggesting a high risk of bleeding.

The score should be calculated at the same time as CHA₂DS₂-VASc to help to guide decisions about oral anticoagulant treatment. It is useful in assessing the risk-benefit ratio of starting oral anticoagulation, as well as the frequency

of follow-up. This is increasingly important with the new guidance recommending warfarin over aspirin for patients with lower CHA₂DS₂-VASc scores.

Objective scoring systems aid the subjective clinical assessment of an individual patient's risk of stroke and bleeding. They should be used to give prognostic information to patients to enable them to make a truly informed decision about their ongoing management.

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- 1 Hunter RJ, Schilling RJ. New European guidelines on atrial fibrillation. *BMJ* 2011;342:d897. (21 February.)
- 2 European Heart Rhythm Association; European Association for Cardio-Thoracic Surgery, Camm AJ, Kirchhof P, Lip GY, Schotten U, Savelieva I, Ernst S, et al. Guidelines for the management of atrial fibrillation: the Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC). *Eur Heart J* 2010;31:2369-429.

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