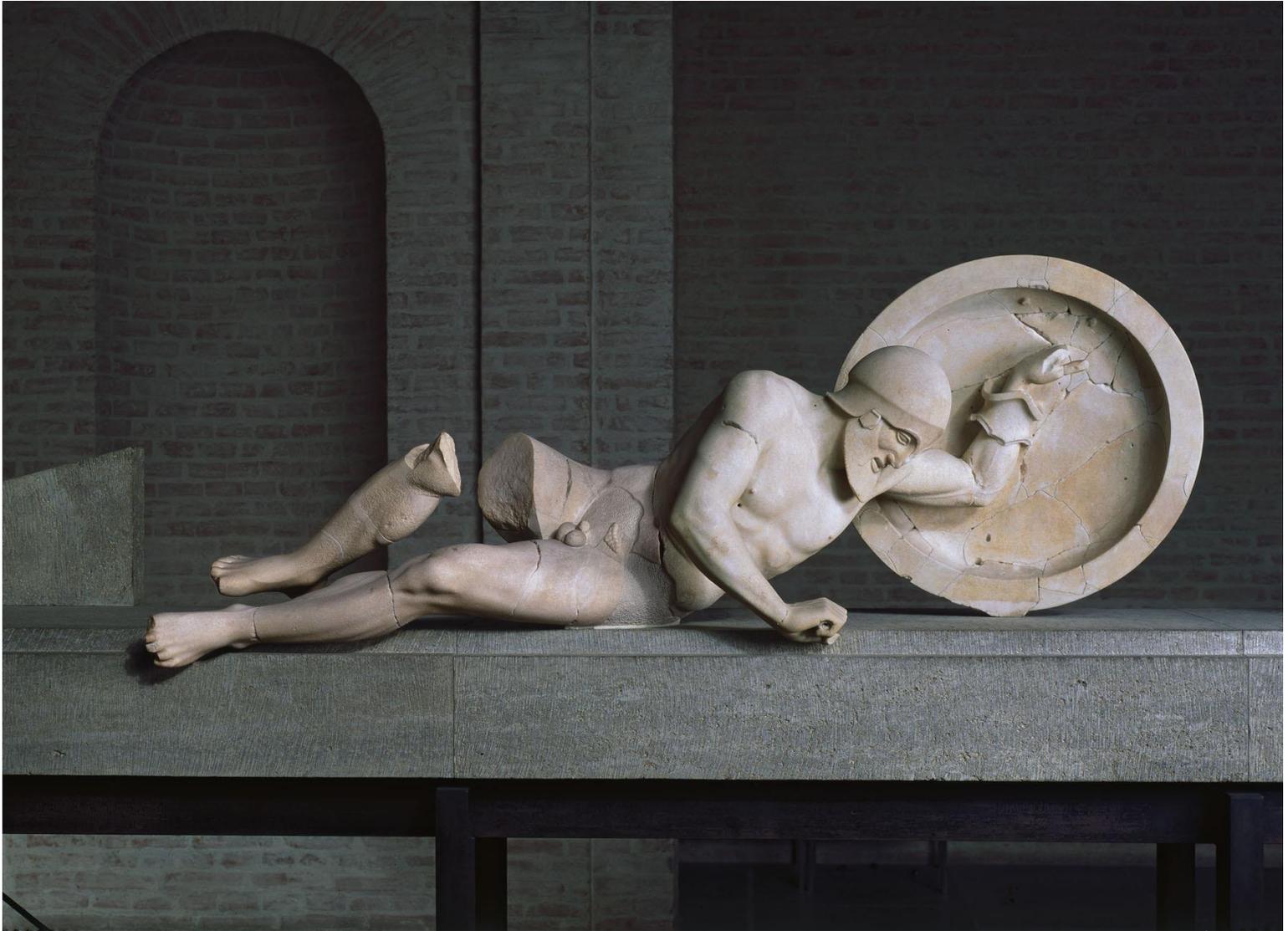


HAS - BLEED SCORE FOR BLEEDING RISK ON ANTICOAGULANTS



*“Dying Warrior”, in marble, Sculptor unknown, East pediment Temple of Aphaia c 480 B.C.
Glyptothek Museum, Munich.*

“Spartan! Come back with your shield...or on it!”

*Spartan mother’s traditional farewell to her warrior son, on the eve of battle,
5th Century, B.C*

“These men died in a way that became them as Athenians. You there, survivors, must determine to have as unfaltering a resolution in the field, though you may pray that it may have a happier outcome. Don’t be contented with the mere justification of defending your country, although this

makes good text for a speaker addressing an audience such as this one. You must also yourselves realize the power of Athens, and feed your eyes daily upon her, till love of her fills your hearts. Then when all her greatness breaks over you, you must reflect that it was by courage, sense of duty, and a keen feeling of honour in action that men were able to win all this, and that no personal failure in an enterprise could make them consent to deprive their country of their valour; but they laid it at her feet as the most glorious contribution that they could offer. For this offering of their lives made in common by them all they each of them individually received that renown which never grows old, and for a tomb, not so much that in which their bones have been deposited, but that noblest of shrines wherein their glory is laid up to be eternally remembered upon every occasion on which deed or story shall call for its commemoration. For heroes have the whole Earth for their tomb; and in the lands far from their own, where the column with its epitaph declares it, there is enshrined in every breast a record unwritten to no tablet to preserve it, except that of the heart. These take as your model and, judging happiness to be the fruit of freedom and freedom of valour, never decline the dangers of war. For it is not the miserable that would most justly be unsparing of their lives; these have nothing to hope for; it is rather they to whom continued life may bring reverses as yet unknown, and to whom a fall, if it came, would be most tremendous in its consequences. And surely, to a man of spirit, the degradation of cowardice must be immeasurably more grievous than the unfelt death which strikes him in the midst of his strength and patriotism!

Comfort, therefore, not condolence, is what I have to offer to the parents of the dead who may be here. Numberless are the chances to which, as they know, the life of man is subject; but fortunate indeed are they who draw for their lot a death so glorious as that which has caused your mourning, and to who life has been so exactly measured as to terminate in the happiness in which it has been passed. Still I know that this is a hard saying, especially when those are in question of whom you will constantly be reminded by seeing in the homes of others blessings of which you also boasted; for grief is felt not so much for the want of what we have never known, as for the loss of that to which we have long been accustomed. Yet you who are still of an age to beget children must bear up in the hope of having others in their stead; not only will they help you to forget those whom you have lost, but will be to the state at once a reinforcement and a security, for never can a fair and just policy be expected of the citizen who does not, like his fellows, bring to the decision the interests and apprehensions of a father. While those of you who have passed your prime must congratulate yourselves with the thought that the best part of your life was fortunate, and that the brief span that remains will be cheered by the fame of the departed. For it is only the love of honour that never grows old; and honour it is not gain, as some would have it, that rejoices the heart of age and helplessness.

Turning to the sons or brothers of the dead, I see an arduous struggle before you when a man is gone, all are accustomed to praise him, and should your merit ever be so transcendent, you will still find it difficult not merely to overtake, but even to approach their renown. The living have envy to contend with, while those who are no longer in our path are honoured with a goodwill into which rivalry does not enter. On the other hand, if I must say anything on the subject of female excellence to those of you who will now be in widowhood, it will be all comprised in this brief exhortation. Great will be your glory in not falling short of your natural character; and greatest will be hers who is least talked of amongst the men, whether for good or bad..."

*Pericles, "Funeral Oration for the State's War Dead",
From Thucydides, "History of the Peloponnesian Wars", c. 430 B.C*

Athens and Sparta, fought side by side as allies in the Greek - Persian Wars that raged between 499 and 449 B.C. During the years of peace that followed the Persian defeat, Athens grew ever more powerful and prosperous and tensions steadily rose with Sparta over hegemony of the eastern Mediterranean. In 431 B.C a disastrous war broke out between the former allies, that dragged in virtually the whole of the Greek world. It lasted a generation, finally ending in 404 B.C. Though Sparta emerged victorious the result for the Classical Age Greeks was disastrous. Neither city-state ever regained the military strength they had once held. The Peloponnesian War was the greatest conflict in history till that time. Greece remained hopelessly divided following it. The Athenian state was by far the most culturally civilized state that had yet existed. The Spartan state on the other hand was a warrior state, perhaps the most singularly war-like society any civilization had ever evolved or has evolved since. The great historian Thucydides recorded the Athenian leader, Pericles' funeral oration for those Athenians killed in the early years of the war. It remains today one of the most moving and inspiring orations ever delivered by a war leader. Sparta on the other hand was a largely pre-literate society. In stark contrast, the only real fragment of a record we have of their sentiments over the disaster that had overtaken Greece, is an ancient and chilling oral tradition of a Spartan's mother's farewell to her son on the eve of battle; "Spartan! Come back with your shield...or on it!" For the next three hundred years the Greek city states remained hopelessly divided, until they were suddenly and totally subsumed, by a ferocious and unprecedented new power that exploded out of the Italian Peninsular. Had the culture and civilization of Athens combined with the warrior city-state of Sparta in peaceful cooperation, the Greek world, under a leader such as Alexander the Great may well have ruled over the known world for a millennium in place of the new and seemingly invincible aggressor from the West.

Our patients on anticoagulants, face an uncertain fate. We may educate ourselves of this fate with an extensive oration of Periclesean complexity, yet this may be somewhat difficult to recall in detail. To assist us we may use a traditional means of Spartan communication; very brief and much to the point - "HAS - BLED"



Temple of Aphaia on the island of Egina, Sixth century B.C

HAS - BLEED SCORE FOR BLEEDING RISK ON ANTICOAGULANTS

Introduction

The **HAS-BLED Score** is a risk stratification scoring system used to establish the risk of a **major bleeding event** in patients taking oral anticoagulant agents.

It estimates the **1 year risk** for major bleeding in patients taking **oral anticoagulants**.

The **CHA₂DS₂-VA Score** can be used to assess the risk of thromboembolism in patients with non-valvular AF, and together with the **HAS-BLED Score**, which assesses the risk of bleeding in a patient *on* anticoagulation, can be used to inform decisions on initiating anticoagulation in patients with non-valvular AF.

See also separate document on:

- **CHA₂DS₂-VA Score (in CVS folder).**

Scoring Method

CONDITION	POINTS
H Hypertension (uncontrolled > 160 mmHg)	1
A Abnormal normal renal function: <ul style="list-style-type: none">• Dialysis or transplant• Cr > 200 micromol/L Abnormal normal liver function: <ul style="list-style-type: none">• Cirrhosis• Bilirubin > 2 X normal• AST/ALT > 3 X normal	1 1
S Stroke (i.e. a prior history of)	1
B Bleeding (i.e. a past history of major bleeding or a predisposition to bleeding)	1

L Labile INR (i.e. unstable or high or therapeutic time in range < 60 %)	1
E Age > 65 years	1
D <ul style="list-style-type: none"> ● Drug and/ or alcohol use ● Drugs predisposing to bleeding 	1 1

The maximum score is 9 points.

Alternatively:

The score can be quickly assessed via a medical calculator on the very useful MD.CALC Website at:

- <http://www.mdcalc.com>

Interpretation

The HAS-BLED Score estimates the 1 year risk for major bleeding in patients with atrial fibrillation, who are taking oral anticoagulants.

One suggestion is that a score of **≥ 3 points** constitutes **high risk**, sufficient to justify caution in prescribing oral anticoagulants or at least more regular review.⁵

References

1. Pisters R, Lane DA, Nieuwlaat 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; 138:1093 - 1100.
2. **Acute Coronary Syndrome Guidelines:**

D.P Chew, I.A Scott, L. Cullen et al. National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Australian Clinical Guidelines for the Management of Acute Coronary Syndromes 2016. *Heart, Lung and Circulation* (2016) 25, 895-951.
3. Guideline summary:

D.P Chew, I.A Scott, L. Cullen et al. National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Australian Clinical Guidelines for the Management of Acute Coronary Syndromes 2016. *MJA* 205 (3) 1 August 2016.
 - doi: 10.5694/mja16.00368 j
4. MD.CALC Website:
 - <http://www.mdcalc.com>
5. Deirdre A. Lane, G.Y.H. Lip; Use of the CHA₂DS₂-VASc and HAS-BLED Scores to Aid Decision Making for Thromboprophylaxis in Non-valvular Atrial Fibrillation. *Circulation*. 2012; 126:860-865.

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