## RESUMO DAS COMUNICAÇÕES

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## GRAMADO - RS

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**Use of HAS-BLED score: a tertiary hospital anticoagulation outpatient clinic study**

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**Introduction:** HAS-BLED score was developed to assess 1-year major bleeding risk in patients anticoagulated with vitamin K antagonists (VKA) due to atrial fibrillation (AF). The objective of this study was to assess the ability of HAS-BLED score and its components to predict major bleeding in patients treated at a tertiary hospital anticoagulation outpatient clinic. **Patients and Methods:** A retrospective cohort study was conducted. AF patients treated with VKA were included. Logistic regression analysis was performed to evaluate individual score components ability to predict major bleeding. The significance level adopted in all tests was 5%. **Results:** We studied 263 patients with a mean age of 71.1±10.5 years over a period of 237.6 patients-year. Median HAS-BLED score was 2 (1-3). The overall incidence of major bleeding was 5.7%. High risk HAS-BLED score patients presents higher frequency of major bleeding as compared to low risk patients (9.6 vs. 3.1%; P = 0.052). Area under the ROC curve was 0.70 (P = 0.01). Cut-off point ≥ 3 showed sensibility of 66.7%, specificity of 62.1%, positive predictive value of 9.6% and negative predictive value of 96.9%. Major bleeding-free survival was lower in high-risk group (P = 0.017). In multivariate analysis, concurrent antiplatelet use was the only independent predictor of major bleeding among score components (OR 5.13, 95%CI: 1.55-17.0; P = 0.007). **Conclusion:** In this cohort, HAS-BLED was able to predict major bleeding risk in AF patients. Among score components, special attention should be given for concomitant antiplatelet use, which was independently associated to higher risk of major bleeding.