HEART FAILURE AND CARDIOMYOPATHIES

PREDICTING MAJOR BLEEDING IN PATIENTS WITH SYSTOLIC HEART FAILURE TREATED WITH WARFARIN OR ASPIRIN

Oral Contributions
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Background: In patients with systolic heart failure (HF) but without atrial fibrillation (AF), the WARCEF trial found that warfarin reduced stroke risk but increased bleeding compared with aspirin. For this analysis, we sought to determine whether existing bleeding risk scores could be applied to this patient population.

Methods: HAS-BLED and ORBI risk scores were calculated for 1,142 patients randomized to warfarin and 1,163 patients randomized to aspirin in the WARCEF trial. Major bleeding was defined as intracerebral, epidural, subdural, subarachnoid, spinal intramedullary, or retinal hemorrhage, or bleeding causing a decline in hemoglobin of >2 g/dL or requiring hospitalization, surgical intervention, or transfusion of ≥2 units PRBC. Proportional hazards models were used to test whether each score predicted bleeding risk, and comparison of different risk scores was performed using Harell's c-index.

Results: HAS-BLED and ORBI risk scores both predicted bleeding risk for participants in the warfarin arm (p=0.03 and p<0.01 for trend, respectively). For participants in the aspirin arm, HAS-BLED, but not ORBI, was predictive of major bleeding. The ORBI risk score had superior discrimination compared to HAS-BLED for participants receiving warfarin (Harell's c-index 0.64 vs 0.56; p=0.02).

Conclusions: Our results suggest bleeding risk scores such as ORBI can guide patient selection for future trials testing anti-coagulation strategies in individuals with systolic HF but without AF.