The novel biomarker-based ABC (age, biomarkers, clinical history)-bleeding risk score for patients with atrial fibrillation: a derivation and validation study

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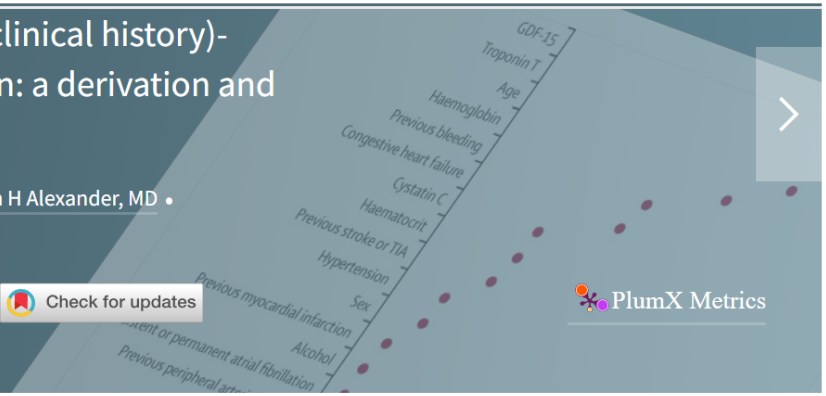

Summary

Background

The benefit of oral anticoagulation in atrial fibrillation is based on a balance between reduction in ischaemic stroke and increase in

The ABC-bleeding risk score showed a c-index of 0·68 (95% CI 0·66–0·70; table 2). The internal bootstrap validation indicated only minimal over-fitting (optimism-corrected c-index 0·67). The HAS-BLED score achieved a c-index of 0·61 (95% CI 0·59–0·63) and the ORBIT score a c-index of 0·65 (0·62–0·67; ABC-bleeding *vs* HAS-BLED p<0·0001 and ABC-bleeding *vs* ORBIT p=0·0008). The ABC-bleeding score also achieved higher c-index compared with the HAS-BLED and ORBIT scores in multiple subgroups—ie, in patients without a history of bleeding, in patients on concomitant antiplatelet or NSAID therapy, as well as in patients randomly assigned to warfarin (table 2). Thus, the ABC-bleeding score performed equally well in patients treated with warfarin or apixaban without any significant interaction with the effects of the randomised treatment (table 2).