

AFib Podcast - Fear of Bleeding

File Name: 1-10-22_no_music.mp3

File Length: 00:11:53

FULL TRANSCRIPT (with timecode)

00:00:00:21 - 00:00:36:15

Dr. Allred: Hello and welcome to today's episode of *The Four F's of Atrial Fibrillation*, where we address gaps and barriers to care for the diagnosed and undertreated atrial fibrillation patient, around four key areas of concern: frailty, falls, fear of bleeding and forgetfulness. In this episode, we will focus on answering key questions around fear of bleeding. I'm Dr. James Allred, a cardiologist specializing in electrophysiology with Cone Health in Greensboro, North Carolina.

00:00:36:29 - 00:00:56:29

Dr. Allred: I'm your host for this podcast series. Today I'm joined by Ricky Fenton, who is the lead provider at Cone Health's Atrial Fibrillation Clinic. Ricky Fenton is a physician's assistant who has lots of

00:01:45:27 - 00:02:31:04

Fenton: You know, when thinking about the risk of bleeding on anticoagulation, there's both perceived and real barriers, and many providers worry about putting patients on medications that can cause harm. In looking back in 2012, there was a Medicare Part D study looking at patients with at least a moderate to

00:04:46:24 - 00:05:07:18

Dr. Allred:

history of hypertension, diabetes, peripheral vascular disease, heart failure, female gender and being 65 or older. And they get an additional point for being 75 years old or older and then two points for a history of stroke or TIA. And the higher the CHA₂DS₂-VASc score, the higher the stroke risk. And so, I really like showing patients what their CHA₂DS₂-VASc score is and also the associated adjusted percent risk of stroke per year, because that's something that the patient can kind of wrap their head around. It's a tangible number, they can say, "OK, this is what my stroke risk is, and this is why my provider is recommending anticoagulation." So as far as stroke risk, the CHA₂DS₂-VASc score is kind of a gold standard. In assessing bleeding risk, the HAS-BLED score is a good one to use, and it has the best predictive ability for clinically relevant bleeding, more so than other bleeding assessment tools like ATRIA, ORBIT, or HEMORR₂HAGES. So that's a good one to use. Now, a high HAS-BLED score does not exclude a patient from taking anticoagulation. What it does mean is that a patient should be monitored more closely and that risk factors for bleeding like hypertension, like alcohol consumption, should be treated aggressively in those type of patients.

00:09:46:05 - 00:10:22 BDC65.402 0 Td((:))10t6 () (:)-pTd((:))10(2)86 (52.6 ()J(t)-4.6 2 0 4.6 ¶f11.Td((:))10(2)86 (5k.