

BÖLÜM 52



AF Hastasında Antikoagülan Tedavi Altında Kanama Yönetimi

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GİRİŞ:

Atrial fibrilasyon (AF) toplumda en sık görülen ve tedavi gerektiren kardiyak aritmidir. Tromboembolik olaylar ve kalp yetmezliği AF' nin en önemli komplikasyonlarıdır (1-4). Tromboembolik olayları önlemek amacıyla birçok hasta oral antikoagülan (OAK) tedavi altında takip edilmektedir. OAK tedavi adayı olan tüm hastalar kanama riski ve OAK' a ilişkin olası kontraindikasyonlar açısından gözden geçirilmelidir.

KANAMA RİSK SKORLARI

AF' li hastalarda çeşitli kanama risk skorlarını karşılaştıran sistematik bir inceleme, HAS-BLED risk skorunun (tablo 1) kanama riskini en iyi belirleyen skor sistemi olduğunu göstermiştir (5). AF' li hastalarda major kanamanın en önemli üç belirleyicisi varfarinle aşırı antikoagülasyon (uluslararası normleştirilmiş oranın 3' den büyük olması), geçirilmiş inme ve ileri hasta yaşıdır (6-9).

TABLO 1: HAS-BLED Kanama Risk Skoru

		Puan
H	Hipertansiyon	1
A	Anormal böbrek ve karaciğer fonksiyonları (her biri için 1 puan)	1 veya 2
S	Stroke	1
B	Kanamaya yatkınlık	1
L	Labil INR (varfarin kullananlar için)	1
E	İleri yaş (65 yaş ve üzeri)	1
D	İlaçlar (eş zamanlı aspirin veya nonsteroid antiinflamatuar ilaç kullanımı) veya aşırı alkol alımı (her biri için 1 puan)	1 veya 2
		Maksimum 9 puan

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diteler varlığında antifibrinolitik ajanların kullanımını uygun olabilir (Tablo 4).

SONUÇ

AF'nin olası komplikasyonlarını önlemek için OAK tedavisi hayati önem taşımaktadır. Hastalar OAK kullanımını başlangıcında kanama risklerinin artabileceğinin farkında olmalı, bu riski en aza indirecek stratejiler ve tıbbi yardım almaları gereken kanama belirti ve bulguları konusunda eğitilmelidir.

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