COMMON VARIABLES SCORE IN PREDICTING THE OUTCOMES OF PATIENTS WITH ACUTE LOWER GASTROINTESTINAL BLEEDING: A DIAGNOSTIC ACCURACY STUDY

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A simplified common variables score using heart rate, hemoglobin, systolic blood pressure, and age performed as well or better than established risk scores in predicting outcomes in 406 patients with acute lower gastrointestinal bleeding.

KEY POINTS

- The common variables score achieved AUROC of 0.92 for predicting transfusion need and 0.86 for severe bleeding, outperforming Strate, Pre-endoscopic Rockall, and Glasgow-Blachford scores.
- The common variables score performed similarly to Oakland and Glasgow-Blachford scores for predicting safe discharge (AUROC 0.83) and clinical intervention (AUROC 0.85).
- In the 406-patient cohort, 29.2% had severe bleeding, 26.8% required transfusion, 12.5% received treatment (endoscopic or embolization), and 1.5% died.
- All prognostic indices were more accurate in determining need for transfusion than predicting severe bleeding or clinical intervention.
- The simplified score contains fewer variables than existing indices, making it easier to calculate while maintaining comparable or superior predictive accuracy.

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