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 EVMS EM Journal Club
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P: In ED patients with acute upper GI bleed
 I: Does the use of a prognostic scoring system
 C: Compared to individual clinical judgment
 O: Assist with identifying patients appropriate for discharge from the ED

--Current recommendation: upper endoscopy within 12-24 hrs (Am. Society of GI Endoscopy) to treat bleeding, prevent recurrence, reduce mortality

--What is a low risk/discharge appropriate pt?
 -clean based ulcer (21% of all PUD)
 -do not need early/urgent endoscopy

	Patients	Study Type	Outcomes	Positives
Author: Blatchford x 2, et al Title: A risk score to predict need for treatment for UGI hemorrhage 2000 Lancet	-derived risk score from audit of 1748 UGIB pts -validated on 197 pts	Prospective validation of score	-ROC curve area 0.92 (95% CI 0.88-0.95)	-score discriminated well between high and low risk UGIB pts
Author: Masaoka et al Title: Blatchford scoring system is a useful scoring system for detecting patients with UGIB who do not need endoscopic intervention 2006 Journal of Gastroenterology and Hepatology	93 pts underwent "emergent" GI endoscopy in the ED	Retrospective evaluation of the Blatchford scoring system	-75% of pts were retrospectively classified as high risk (needed transfusion, operation, or endoscopic intervention)	-Blatchford score significantly higher than the high risk group -100% sensitive at cutoff score of 2
Author: Tham et al Title: Predicting outcome of acute non-variceal upper GI hemorrhage without endoscopy using the clinical Rockall Score 2009 Postgraduate Medical Journal	102 UGIB -clinical Rockall score does not include endoscopic data	Retrospective (review of medical records)	-38 pts were low risk (no bad outcome or transfusions) and had Rockall Score 0 -19 pts were high risk (rebleed, surgery, death) and had RS >3	-low Rockall score associated with reduced risk of adverse outcome
Author: Stanley et al (incl. Blatchford) Title: Outpatient management of patients with low-risk upper GI hemorrhage: multicenter validation and prospective evaluation 2009 Lancet	-676 UGIB at 4 hospitals -compared GBS (externally validated Blatchford score) vs full Rockall score (post-endoscopy)	-compared 2 scoring systems using ROC curves -prospective validation of GBS score at 2 hospitals	-ROC 0.92 (CI .90-.94) for GBS -ROC 0.72 for admission Rockall (CI 0.68-0.76)	-no low risk patients were discharged with any adverse event

Clinical Bottom Line:
 -prediction rules not ready for ED application
 -need wider external validation and RCT

-for now, conservative treatment/admit is usual standard of care