



How is antiphospholipid syndrome diagnosed

Antiphospholipid syndrome (APS) is diagnosed from a combination of a positive blood test and symptoms. The key symptoms are clots in the blood (thrombosis), strokes and miscarriages. If you have not suffered from any of these, then it is unlikely that you will be diagnosed with this syndrome. APS occurs more commonly in people with lupus, and so it is important for anyone diagnosed with lupus to be tested for APS too.

If you are displaying symptoms of APS, book an appointment with your GP and ask to be tested for antiphospholipid antibodies (aPL).

It is important to let your doctor know about any previous blood clotting or pregnancy problems, and also more low-grade symptoms such as headaches, migraines, visual disturbances, dizziness, arthralgia (joint pain) and fatigue. Family history is crucial too, so remember to list any immediate family members with an autoimmune disease or history of thrombosis.

The blood tests for aPL will be taken either at your surgery or local hospital. There are three different tests used to diagnose APS, but they are all looking for antiphospholipid antibodies (aPL):

- Anticardiolipin antibodies (aCL)
- Lupus anticoagulant (LA)
- Anti-beta2-glycoprotein-1 (anti-B2GP1)

The reason for the three tests is that they measure aPL in different ways which means that one test alone could miss the diagnosis. The LA is a very confusing name and is not a test for lupus.

If any of the tests are positive, it will be necessary to repeat them again because harmless aPL can be detected in the blood

for brief periods in association with a wide variety of infections such as chickenpox, and certain drugs including antibiotics and some blood pressure tablets.

For this reason, the tests should be repeated after 6-12 weeks. If someone has only one positive test and it quickly becomes negative again, then it is unlikely they have APS.

It is also important to be aware that these tests are not perfect; they are sometimes positive in healthy people who do not have APS. Healthy people who happen to test positive do not need any treatment. For this reason, doctors will usually carry out the tests only in people who have one or more of the three key symptoms mentioned above, or in people who have lupus.

All laboratories differ in the way they measure their tests so it is impossible to provide universal guidelines indicating the positive and negative ranges. However, your results should show whether you are negative or positive according to your laboratory's classification.

Making a diagnosis can be complicated due to a lack of clear guidelines and the fact that some symptoms caused by APS can also mimic other conditions such as vertigo, MS and Alzheimer's. Therefore, it is likely you will be referred to a specialist for the final diagnosis. The particular type of specialist can vary in hospitals throughout the UK, but is usually either a haematologist or a rheumatologist. Most early pregnancy units will be proficient in treating women with APS.

Evidence shows that early diagnosis can make a big difference to the lives of those with APS so it makes sense to see your GP if you are experiencing the key symptoms described above. On the other hand, it is important not to over-diagnose APS; the tests should only be carried out when it is clinically appropriate.