



ABOUT HUGHES SYNDROME

Treatment and medication: current advice and information

Hughes/antiphospholipid syndrome cannot yet be cured so, instead, the current treatment is aimed at preventing clotting by 'thinning' the blood with anticoagulation (literally anti-clotting) therapy.

There are three main anticoagulant drugs used at present: aspirin, heparin and warfarin but there are other drugs which can help alleviate symptoms. Hughes/antiphospholipid syndrome is usually managed successfully once adequate treatment has started, and most people do not have any further clotting events.

Aspirin

Low dose aspirin 75-150mg daily is used as a preventative treatment for people with Hughes/antiphospholipid syndrome who have not had an acute blood clot. It can often help alleviate some of the milder symptoms such as frequent headaches, memory loss and dizziness. As the aspirin has to be taken daily it is important to take the gastro-resistant tablets.

Clopidogrel

This is a very useful alternative to aspirin, particularly for those patients with digestive problems and/or asthma. It has similar anti-platelet effects, is much gentler on the stomach and is taken daily in 75mg.

Heparin

This powerful blood thinner is given by injection (usually self-administered) and is very fast acting. It tends to be used to alleviate sudden, severe symptoms and is also used in Hughes/antiphospholipid syndrome pregnancies, usually in conjunction with aspirin. In the UK, heparin has the trade names of Clexane and Fragmin.

Warfarin

Taken in tablets, warfarin is the main medication for people with Hughes/antiphospholipid syndrome who have had a thrombosis or stroke. The dose can vary widely – some people only need 4mg a day while others may need 18mg or more. All those taking warfarin have to have their blood thickness (INR) monitored regularly as it is important to keep the INR level within therapeutic range. New oral anticoagulants such as Dabigatran and Rivaroxaban are currently being developed which, like heparin, will not require INR monitoring. However, they have not yet been safely tested for Hughes/antiphospholipid syndrome patients and, as yet, there is no way to reverse the effects of the medicine which raises some concerns.

Steroids

Drugs such as prednisolone are generally reserved for people with very low platelet counts, or sometimes for women who experience a high number of early miscarriages. Also, for patients who are suffering from extreme fatigue, a short course of steroid can be beneficial.

Hydroxychloroquine

This has the UK trade name of Plaquenil and is particularly effective in helping skin rashes, fatigue, and aches and pains. It has been very successful in treating lupus and Sjogrens in the past, and has now been shown to be very beneficial for Hughes/antiphospholipid syndrome too. One of the additional actions of Plaquenil is that it acts as a mild anti-clotting agent and has also been found to reduce levels of anticardiolipin antibodies.