

ANTIPHOSPHOLIPID/ HUGHES SYNDROME

SYMPTOMS | DIAGNOSIS | TREATMENT

“Earlier diagnosis and treatment of this common blood condition could prevent heart attack, stroke, DVT and miscarriage.”

Clinical Services Journal



hughes-syndrome.org

IN BRIEF

In pregnancy, APS is the most common, potentially treatable cause of recurrent miscarriage and can increase the chance of stillbirth by three to five times; it is also associated with other complications such as pre-eclampsia, intrauterine growth restriction and premature birth.

More women than men are affected by APS – for every two men with APS, seven women are diagnosed. The majority of patients are aged between 20 and 50, although the condition can affect all age groups from infancy to old age. APS causes approximately 15% of strokes, heart attacks and DVTs in the under 50s.

SYMPTOMS

The typical low-grade symptoms of APS are:

- Headache and migraine
- Memory problems
- Dizziness and balance difficulties
- Visual disturbances
- Livedo reticularis
- Arthralgia
- Fatigue

The common acute conditions caused by APS are:

- Thrombosis – DVTs
- Strokes and TIAs
- Heart attacks and valve problems
- Pulmonary emboli
- Recurrent miscarriage



DIAGNOSIS

APS is diagnosed by a combination of clinical symptoms and blood tests which look for antiphospholipid antibodies (aPL) and it is important that all three are ordered:

1 The anticardiolipin (aCL): approximately 80% are positive in patients which is why it is also necessary to perform the other two tests.

2 The lupus anticoagulant (LA): an inaccurate and confusing name, the LA is positive in around 50% of cases and cannot be used if the patient is already taking warfarin.

3 Anti-beta2-glycoprotein1 (anti-B2GP1): this is the latest test which looks for aPL and is now widely used for completeness and extra precision when testing. Anti-beta2-glycoprotein1 antibodies add little diagnostically if aCL and/or LA are positive but may be useful prognostically if all three autoantibodies are present. Triple positive patients may be at high risk of thrombotic events.

TREATMENT

Specialists who treat antiphospholipid syndrome are normally rheumatologists or haematologists. Most early pregnancy units have a specialist to treat women with the disorder.

Antiphospholipid syndrome can't be cured but the effects can be controlled with anticoagulant or antiplatelet drugs such as aspirin, warfarin, and heparin.

ASPIRIN

Low dose aspirin 75-150mg daily is usually the first choice of treatment for patients who have not had a thrombosis or stroke. It can often help alleviate some of the milder symptoms such as frequent headaches and dizziness.

CLOPIDOGREL

For those patients who cannot tolerate aspirin, the useful alternative with similar anti-platelet effects is clopidogrel; it used to have the trade name of Plavix in the UK.

HEPARIN (CLEXANE OR FRAGMIN)

Heparin is commonly given to women with APS who have had miscarriages. Daily heparin injections are taken in conjunction with aspirin throughout their pregnancies. It is also sometimes useful in APS patients to alleviate sudden, severe symptoms.

WARFARIN

Warfarin is taken by most APS patients who have had a thrombosis or stroke. It has also proved effective for patients with severe migraine and memory loss, but cannot be used in pregnancy as it is potentially dangerous to the foetus. An INR range of between 3.0-4.5 is sometimes necessary in patients who are prone to clotting. The aim is to find an INR target range as low as possible, but for the patient to be relatively symptom-free.

HYDROXYCHLOROQUINE

Hydroxychloroquine is particularly effective in helping skin rashes, fatigue, and aches and pains. One of the additional actions of hydroxychloroquine is that it acts as a (mild) anti-clotting agent – rather like low-dose aspirin, and has also been found to reduce levels of anticardiolipin antibodies. It has the trade names of Plaquenil and Quinoric in the UK.

Hughes Syndrome

[medical term

Antiphospholipid
syndrome (APS)]

**is an autoimmune
condition characterised
by arterial and venous
thrombosis and
pregnancy morbidity.**

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Hughes Syndrome Foundation

The Foundation aims to achieve earlier
diagnosis of antiphospholipid syndrome,
and offers support to anyone affected
by the disorder.

Registered charity 1138116



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