



PATIENT FACT SHEET

Antiphospholipid Syndrome



CONDITION DESCRIPTION

Antiphospholipid antibody syndrome (APS) is an autoimmune disease mostly affecting young women. People with APS make abnormal proteins in their blood called antiphospholipid antibodies (aPL).

In APS, these proteins can cause formation of clots in veins and arteries. Clots may cause miscarriage, harm a fetus, or lead to heart attacks,

strokes or pulmonary embolism. In severe cases, multiple organs may be damaged.

APS affects women five times more often than men, and is typically diagnosed between ages 30 and 40. About 40% of systemic lupus erythematosus (SLE) patients also test positive for antiphospholipid antibodies, but only half develop thrombosis.



SIGNS/ SYMPTOMS

APS may not be detected until a young person has unexpected problems caused by blood clots, such as repeated miscarriages or a heart attack. Some genetic profiles raise a person's risk of having APS. People with blood clots may be screened for aPL autoantibodies. Three blood tests are given, and at least one must be positive and confirmed twice at least three months apart.

Some people with these autoantibodies never develop clots. So just testing positive for aPL without the presence of a blood clot does not mean someone has APS.

Risk factors for developing blood clots include high blood pressure, obesity, smoking, atherosclerosis, taking estrogens (birth control pills), or having an associated autoimmune disease like SLE. Prolonged inactivity or bed rest, surgery or pregnancy may raise the risk of clots.



COMMON TREATMENTS

APS raises the risk for thrombosis, so treatments aim to prevent clot-related events. In an acute thrombotic event, blood thinners are given. Intravenous blood thinners are followed by oral warfarin, which may prevent future clot formation for years. Aspirin and clopidogrel (Plavix), which inhibit platelet formation, may also prevent recurring clotting events.

To prevent miscarriage, women with APS will get subcutaneous injections of heparin and low-dose aspirin

during their pregnancies. Pregnant women with a history of clots may need higher doses of heparin.

If this is not adequate, intravenous immunoglobulin or corticosteroids are options.

Pregnant women with aPL autoantibodies who have never had thrombotic events or miscarriages may get preventive therapy, but this is on a case-by-case basis. Women who do not have lupus or other clot risk factors may not need treatment.



CARE/ MANAGEMENT TIPS

People who take blood thinners long term must see their doctor regularly to monitor the drug, watch their diet, and try to prevent slips or falls. Patients New oral blood thinners that need less monitoring are now in clinical trials.

People with APS should make lifestyle changes to prevent thrombosis. Seek treatment for high blood

pressure, high cholesterol or diabetes. Don't smoke. Manage weight to treat or prevent obesity. Avoid estrogen therapy for birth control or menopausal symptoms unless a doctor directs.

Most pregnant women with APS have healthy babies due to effective treatments to prevent thrombosis. Having APS does not mean a patient will develop other autoimmune diseases.

Updated March 2017 by Kelly Weselman, and reviewed by the American College of Rheumatology Communications and Marketing Committee. This information is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice, diagnosis and treatment of a medical or health condition.

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