Understanding

What is antiphospholipid syndrome and how can it affect you?

Antiphospholipid syndrome (APS) is an autoimmune disease which affects the blood and its ability to clot. An overactive immune system produces antiphospholipid antibodies (aPL) which cause the blood to clot too quickly both in veins and arteries.

We are not yet sure why the immune system becomes overactive and attacks itself, but increasing clinical evidence indicates there is probably a genetic tendency which is triggered in people with the condition. These triggers could include viral infections, such as glandular fever and shingles, and also other well-known precipitants of blood clots such as immobility, dehydration, surgery, the oral contraceptive pill and pregnancy.

With APS, the blood clotting can affect any vein, artery or organ in the body and the consequences can include potentially fatal events such as heart attacks, strokes, and DVTs. In pregnancy, the antibodies can cause miscarriage, pre-eclampsia, small babies, early deliveries and stillbirth. It can also cause more low-grade symptoms such as migraines, dizziness, fatigue, memory and other cognitive problems.

Not all people with APS will go on to develop blood clots and/or pregnancy problems and, while some people can live virtually symptom-free, others are severely affected in their day-to-day living. Much more vital research is needed before we can answer these questions.

There are two main types of APS: primary and secondary. Primary is when the condition is not linked to any other disease and develops in isolation, while secondary is when it develops along with another autoimmune disorder, such as lupus.

People from all ages, including children, can have APS but it tends to mainly affect the 20-50 year-old age group and women more so than men. This is difficult to gauge as the condition is often under-recognised and undiagnosed and not many large scale epidemiological studies have been carried out to provide prevalence data.

It is difficult to gauge how common APS is as the condition is often under-recognised and undiagnosed, and not many large-scale epidemiological studies have been carried out to provide prevalence data. However, evidence from a robust study carried out in 2019: "The Epidemiology of Antiphospholipid Syndrome. A Population Based Study" indicates that the prevalence of APS in the population is 1 in every 2000.

The good news is that APS is both potentially preventable and treatable if recognised in time. Being diagnosed as early as possible and treated correctly seems to have a direct bearing on how well patients will feel in the future. The majority of patients can lead a normal life provided they continue with their medication but, unfortunately, a small number of people will continue to experience blood clots despite having extensive treatment – the reasons for this are still not known.