



Antiphospholipid syndrome: treatment and medication

Antiphospholipid syndrome (APS) cannot yet be cured so, instead, the current treatment is aimed at preventing clotting. There are two types of drugs used for this: anti-platelet drugs and anticoagulant drugs.

Anti-platelet drugs

Platelets are tiny blood cells that stick together to make a clot. Low dose aspirin 75-150mg daily can be used to prevent this. It can often help alleviate some of the milder symptoms of APS 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 is a very useful alternative to aspirin, particularly for those patients with digestive problems and/or asthma.

Anti-platelet drugs are relatively weak drugs, typically used in people with positive antiphospholipid antibody tests who have never had a clot. Once a clot has occurred, the stronger anticoagulant drugs are needed. These drugs are sometimes known as blood thinners and include heparin, warfarin and rivaroxaban.

Heparin

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

Warfarin and rivaroxaban

Taken as tablets, warfarin is the main medication for people with APS 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 test their blood regularly to see how quickly it clots. The test is called the INR, an acronym for international normalized ratio. If INR is too low then the warfarin dose has to be increased to prevent clots. If INR is too high there is a risk of bleeding.

Rivaroxaban is a new type of anticoagulant tablet. One small study has shown that it seems to work as well as warfarin in many patients with APS and it does not require INR monitoring. Further trials are ongoing.

Hydroxychloroquine and steroids

These drugs do not prevent clotting. They are usually given to patients who have lupus as well as APS.

Hydroxychloroquine can help with symptoms such as rash and tiredness. Patients taking hydroxychloroquine should have an eye test once a year.

Steroids, such as prednisolone, are strong drugs that suppress the immune system so their use is generally reserved for serious situations such as very low platelet levels. Most patients with APS do not need steroids unless they also have another disease, such as lupus.