Blood Tests to Diagnose Antiphospholipid (Hughes') Syndrome

A Guide for Patients

What is Antiphospholipid Syndrome (APS)?

Antiphospholipid Syndrome (APS) is an autoimmune disorder where the immune system mistakenly attacks normal proteins in the blood. This can cause blood clots to form in arteries and veins, leading to complications such as deep vein thrombosis, stroke, and recurrent miscarriages.

Why are Blood Tests Needed?

Blood tests are important to diagnose APS. These tests help detect the presence of specific antibodies associated with the condition. Identifying these antibodies helps make the diagnosis in the correct clinical circumstance, usually blood clots or recurrent miscarriages, and guides appropriate treatment.

Key Blood Tests for APS

1. **Anticardiolipin Antibodies (aCL)**
    - **Purpose**: Detects antibodies against cardiolipins, a type of fat in cell membranes.
    - **What it Involves**: A blood sample is taken to measure the levels of IgG and IgM anticardiolipin antibodies.
    - **Preparation**: No special preparation needed.
2. **Lupus Anticoagulant (LA)**
    - **Purpose**: Measures the presence of antibodies that interfere with normal blood clotting.
    - **What it Involves**: A blood sample is taken, often requiring two or more tests several weeks apart.
    - **Preparation**: Avoid medications that can affect clotting if advised by your doctor.
3. **Anti-Beta-2 Glycoprotein I (anti-β2GPI) Antibodies**
    - **Purpose**: Detects antibodies against beta-2 glycoprotein I, a protein that binds to phospholipids in cell membranes.
    - **What it Involves**: A blood sample is taken to measure the levels of IgG and IgM anti-β2GPI antibodies.
    - **Preparation**: No special preparation needed.

Are there other blood tests which are helpful?

Some tests, called non-criteria tests, are not currently widely used for diagnosis but may explain those patients who have clinical features of Antiphospholipid (Hughes') syndrome (APS) but with negative blood tests. These include anti phosphatidylserine/anti-prothrombin antibodies, anti-phosphatidylethanolamine antibodies and anti-Annexin V antibodies. In future, these antibodies may become more commonly tested.

What to Expect During the Blood Test

1. **Before the Test**:

    - You may eat and drink as usual unless instructed otherwise.
    - Inform your healthcare provider about any medications you are taking.
2. **During the Test**:
    - A healthcare professional will draw blood from a vein, usually in your arm.
    - The procedure is quick and may cause a brief sting or pinch.
3. **After the Test**:
    - You can typically resume normal activities immediately.
    - Slight bruising or soreness at the puncture site is possible but usually resolves quickly.

Understanding Your Results

- **Negative Results**: No APS antibodies detected. However, if symptoms persist, further testing may be required and in some circumstances if your symptoms warrant, the non-criteria tests described above may be checked.
- **Positive Results**: Presence of APS antibodies. A second test is usually performed 12 weeks later to confirm the diagnosis, as transient positivity can occur with conditions such as infection.

Follow-Up and Treatment

- **Confirmed Diagnosis**: If APS is confirmed, your doctor will discuss treatment options, which may include blood thinners to reduce the risk of clotting.
- **Regular Monitoring**: Ongoing blood tests may be needed to monitor your condition and response to treatment.

Contact Information

If you have any questions or concerns about your blood tests or the diagnosis of APS, please contact your healthcare provider:

Remember: Early diagnosis and treatment are crucial for managing APS effectively. Regular check-ups and adhering to your treatment plan can help prevent complications and improve your quality of life.

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