

Diagnosing Antiphospholipid Syndrome (APS): For healthcare professionals

Designed for healthcare professionals to support decision-making in clinical settings.

APS Diagnostic Pathway

1. Clinical Suspicion

Suspect APS in patients with any of the following:

Thrombotic Events:

- Unprovoked venous thrombosis (e.g. DVT, PE)
- Arterial thrombosis (e.g. stroke or MI, particularly at a young age)
- Microvascular thrombosis (e.g. digital ischemia)

Obstetric Morbidity:

- ≥ 3 unexplained consecutive first-trimester miscarriages (0-15 weeks)
- ≥ 1 unexplained second-trimester pregnancy loss (16-34 weeks)
- Severe pre-eclampsia, eclampsia, or placental insufficiency leading to premature birth (<34 weeks)

Other suggestive features:

- Livedo Racemosa: fixed lacy rash
- Thrombocytopenia
- Heart valve abnormalities (e.g. Libman-Sacks endocarditis)
- Cognitive dysfunction, migraine (especially with aura)
- Catastrophic APS (multiorgan thrombosis)

2. Initial Investigations

Order the following antiphospholipid antibody panel:

Test	Method	Notes
Lupus Anticoagulant (LA)	Coagulation assay	May be falsely negative on anticoagulation
Anticardiolipin (aCL) antibodies	IgG and IgM ELISA	Moderate to high titres significant
Anti- $\beta 2$ glycoprotein I (anti- $\beta 2$ GPI) antibodies	IgG and IgM ELISA	Moderate to high titres significant

3. Repeat Testing

- ✔ Confirm persistence of antibodies by repeating tests ≥ 12 weeks apart.

4. Classification Criteria (ACR/EULAR 2023 Classification: see appendix)

Diagnosis = 1 clinical + 1 lab criterion

Clinical Criteria:

- Vascular thrombosis (arterial, venous, or small-vessel)
- Pregnancy morbidity (as above)

Laboratory Criteria:

- Positive LA, aCL, or anti- $\beta 2$ GPI on 2 occasions ≥ 12 weeks apart

⚠ Exclude transient causes of antibody positivity (e.g. infection, drugs)

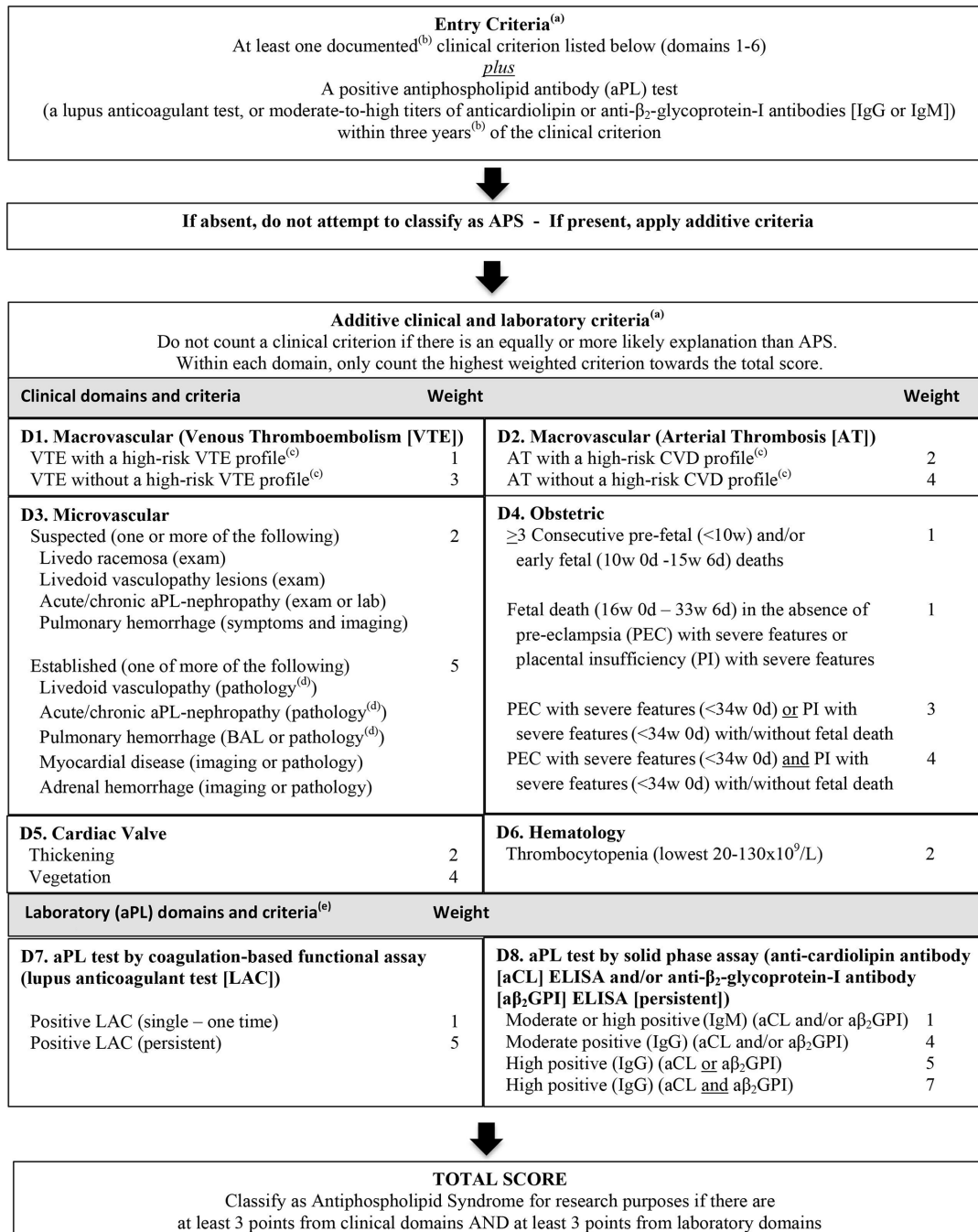
5. Referral and Management

Refer to Rheumatology/Haematology for:

- Confirmation of diagnosis
- Risk stratification
- Long-term anticoagulation or pregnancy planning
- Control of symptoms

Appendix

The ACR/EULAR Classification criteria for definite APS . These are primarily intended for use in clinical research and are not diagnostic criteria. This means that many patients may not fulfil all criteria but can still have APS so clinical judgement is important to ensure attribution of symptoms and features fits the diagnosis of APS.



Barbhaiya M, et al. *Ann Rheum Dis* 2023;82:1258–1270. doi:10.1136/ard-2023-224609