Treatment of Hughes syndrome

Anti-clotting drugs

Introduction

Hughes syndrome is often known as sticky blood syndrome. Although not strictly correct, the title is useful as patients who have antiphospholipid antibodies (aPL) in their bloodstream do have a tendency to develop blood clots, in arteries as well as in veins. Logically, therefore, treatment should be with blood-thinning agents which is rather limited at present to aspirin, heparin or warfarin. Medicines aside, there are also lifestyle factors which affect the risk of thrombosis.

General treatment

We are still uncertain of the precise risk figure for thrombosis in an individual positive for aPL, although a number of reports suggest a 50% chance within 10 years if left untreated.

Key points

- Aspirin – milder cases
- Heparin – useful in acute thrombosis
- Warfarin - for severe or recurrent clots
- Newer anticoagulants awaited
Smoking is certainly an added risk for thrombosis and Hughes syndrome patients are strongly advised to stop. Likewise the oral contraceptive (oestrogen) pill increases the risk, and a number of women with antiphospholipid syndrome (APS) have been found to develop their first clotting problem when starting the pill. Hormone replacement therapy (HRT) in older patients also slightly increases the risk of clotting, though far less than the oral contraceptive pill. Caution is advised in aPL positive women planning HRT, though at present patient risks are weighed up on a case-by-case basis.

Diet may also affect the clotting risk. For example, an interesting study was published by my friend Dr Malawiya, comparing thrombosis risks in aPL positive individuals in India and Kuwait. Thrombotic events were much more common in those patients from Kuwait, which possibly may be due to a less vegetarian diet in this country than in India.

Travel and long haul flights can also add to this risk of thrombosis, and either aspirin or heparin is usually advised, depending on the clinical picture. Finally, aPL positive patients are at a higher risk from thrombosis following surgery. Indeed it is reported that up to 20% of all DVTs are associated with aPL, and that routine pre-operative blood screening for aPL really should be considered.

**Aspirin**

Like Plaquinil® (which is derived from the cinchona tree), aspirin comes from the bark of a tree (willow tree). It has many beneficial effects, notably in making the platelets of the blood less sticky. Thus it is widely used in cardiology, for example as a preventative measure for recurrent heart attacks.

The usual dose is 75 mg daily (one quarter of an adult aspirin), sometimes 150 mg daily. Side effects such as indigestion on this tiny dose are unusual, with the most common being bruising (evidence that the medicine is doing its job).