New: EULAR recommendations for the management of antiphospholipid syndrome in adults

29 May, 2019, Kilchberg, Switzerland – The European League Against Rheumatism, EULAR, has published a set of recommendations for the management of antiphospholipid syndrome in adults. The evidence-based recommendations for the prevention and management of adult antiphospholipid syndrome are designed to help guide practice – and improve quality of care and patient outcomes.

Based on evidence from a systematic literature review and expert opinion, overarching principles and recommendations were formulated and voted. Three overarching principles and twelve recommendations were formulated. The overarching principles are:

- **Risk stratification** in aPL positive individuals should include determination of the presence of a high-risk aPL profile (multiple aPL positivity, lupus anticoagulant, persistently high aPL titers), prior history of thrombotic and/or obstetric antiphospholipid syndrome (APS), co-existence of other systemic autoimmune diseases such as systemic lupus erythematosus (SLE), and the presence of traditional cardiovascular risk factors.

- **General measures** for aPL positive individuals should include screening for and strict control of cardiovascular risk factors (smoking cessation; management of hypertension, dyslipidemia and diabetes, and regular physical activity) in all individuals; and particularly those with a high-risk aPL profile, screening for and management of venous thrombosis risk factors, and use of low molecular weight heparin in high-risk situations such as surgery, hospitalisation, prolonged immobilisation and the puerperium.

- **Patient education and counselling** on treatment adherence, international normalised ratio (INR) monitoring in patients treated with vitamin K antagonists, use of perioperative bridging therapy with low molecular weight heparin for patients on oral anticoagulants, oral contraceptive use, pregnancy and postpartum period, postmenopausal hormone therapy, and lifestyle recommendations (diet, exercise) are important in the management of APS.

The twelve recommendations address the following areas:

- Asymptomatic aPL carriers (not fulfilling any vascular or obstetric APS classification criteria) with a high-risk aPL profile with or without traditional risk factors
- Patients with SLE and no history of thrombosis or pregnancy complications
- Non-pregnant women with a history of obstetric APS
- Patients with definite APS and first venous thrombosis
- Patients with definite APS and recurrent venous thrombosis despite treatment with vitamin K antagonists with target INR 2-3
- Patients with definite APS and first arterial thrombosis

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- Patients with recurrent arterial thrombosis despite adequate treatment with vitamin K antagonists (VKA)
- Women with a high-risk aPL profile but no history of thrombosis or pregnancy complications
- Women with a history of obstetric APS only
- Women with 'criteria' obstetric APS with recurrent pregnancy complications despite combination treatment with low disease activity (LDA) and heparin at prophylactic dosage
- Women with a history of thrombotic APS
- Prevention and first-line treatment of patients with Catastrophic Antiphospholipid Syndrome (CAPS); treatment of patients with refractory catastrophic APS.

The level of evidence, grade of recommendation and level of agreement were allocated to each statement.

APS is a systemic autoimmune disorder with a wide range of vascular and obstetric manifestations associated with thrombotic and inflammatory mechanisms orchestrated by aPL antibodies. Common APS clinical features include venous thromboembolism, stroke, recurrent early miscarriages and late pregnancy losses. According to current laboratory criteria for APS, aPL antibodies can be one of three types: lupus anticoagulant, anticardiolipin antibodies or antibeta2 glycoprotein I antibodies. Definite APS, fulfilling at least one clinical and one laboratory criteria of the updated Sapporo classification criteria, can occur in association with other autoimmune diseases, mainly systemic lupus erythematosus, or in its primary form (primary APS).

About EULAR

The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with RMDs. EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

To find out more about the activities of EULAR, visit: www.eular.org.

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Notes to Editors

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