TESTING FOR ANTIPHOSPHOLIPID SYNDROME IN THE YOUNG STROKE POPULATION

E. Marrinan¹, A. Rahman¹, V. Alakbarzade², A. Taylor³, R. Simister², A. Chandratheva²

¹ University College London Hospital, Rheumatology, London, United Kingdom. ² University College London Hospital, Stroke, London, United Kingdom.

³ Great Ormond Street Hospital, Haematology, London, United Kingdom.

Background and Aims

The 2016 UK National Clinical Guideline for Stroke recommend testing for antiphospholipid syndrome(APS) in people with ischaemic stroke or transient ischaemic attack(TIA) where other causes have been excluded, especially in patients under 50 years¹.

We aimed to determine how many patients were not tested and their characteristics.

Method

Setting: Regional stroke referral centre for North Central London.

Review of consecutive records, ischaemic stroke/TIA patients <50 years presenting between January 2015-July 2016. Diagnosis, aetiology (TOAST criteria²), risk factors and history of miscarriage were reviewed.

Results

Of 236 patients <50years, 62(26%) were not tested for APS at time of event, 32(52%) male, mean age 41yrs (SD 7.60). 26 (42%) were ischaemic stroke, 36 (58%) TIA (22% definite, 78% possible). In the majority 48 (77%) aetiology was unknown but 4 (6%) cardioembolism, 1 (2%) small vessel occlusion, 9 (15%) other.

23 (37%) had no stroke risk factors, 15 (24%) 1 risk factor, 16 (26%) 2 risk factors, 6 (10%) 3 risk factors and 2 (3%) 5 risk factors. History of miscarriage was often not documented (29/30, 97%). History of venous thromboembolism was not documented in 57 (92%).

11 (18%) were tested for APS at another time, 7 after the event (range 1-19 months) and 4 before the event (range 7-20 months).

% Patients <50yrs tested for APS

Stroke risk factors in patients not tested for APS

Conclusion

26% of patients under 50 with ischaemic stroke/TIA were not tested for APS. Amongst those 61% had ≤1 risk factor. History of miscarriage and venous thromboembolism were poorly documented.

Those aged under 50 who lack classical stroke risk factors or clear aetiology represent a potentially high risk group in whom antiphospholipid testing is appropriate.

References

1. National Clinical Guideline for Stroke, Fifth edition 2016, prepared by the intercollegiate stroke working party.
2. Classification of subtype of acute ischaemic stroke. Definitions for use in a multicentre clinical trial. TOAST. Trial of Org 10172 in Acute Stroke Treatment. Adams HP Jr, Bendixen BH, Kappelle LJ, Biller J, Love BB, Gordon DL, Marsh EE 3rd. Stroke. 1993 Jan;24(1):35-41.