Background: Although guidelines do not recommend antiphospholipid antibodies testing after 60 yo, recent data reported late onset antiphospholipid syndrome (APS).

Objectives: To comparatively analyse the clinical, laboratory features and outcomes in 695 cases with primary APS between patients older and younger than 70 yo.

Methods: we have performed an international study within the framework of the International Registry of primary APS patients treated with Hydroxychloroquine, HIBISCUS (an ongoing retrospective and prospective register launched in 2016).

Results: Arterial events and especially stroke represented the main initial and recurrent clinical manifestation in 40 primary APS patients older than 70 yo. There were not statistically significant differences with respect to cardiovascular risk factors between the two groups of patients. A significant male predominance, a familial APS history, a higher prevalence of triple positivity, lower complement levels, and anticardiolipin antibodies (aCL) IgA isotype were found in older patients. Low anticoagulation regimens were safe and efficient, with a low relapse rate in older patients.

Conclusion: we suggest that the detection of aPL antibodies should be included into the initial screening panel tests in elderly with thrombotic events, especially arterial, in particular those with recurrent stroke and familial APS. Our study further suggests that lower intensity anticoagulation regimens could be a therapeutic option in older APS patients, as no differences in outcomes and low relapse rate in older patients.

Table 1. Baseline characteristics of the at-risk for SLE cohort

<table>
<thead>
<tr>
<th>N (%) or mean ± SD</th>
<th>ACR 1997 classification criteria</th>
<th>Malar rash</th>
<th>Discoid rash</th>
<th>Photosensitivity</th>
<th>Mucocutaneous ulcers</th>
<th>Synovitis</th>
<th>Serositis</th>
<th>Renal disorder</th>
<th>Neurologic disorder</th>
<th>Hematologic disorder</th>
<th>Immunologic disorder</th>
<th>ANA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.9 ± 1</td>
<td>66 (27%)</td>
<td>29 (11%)</td>
<td>83 (33%)</td>
<td>49 (19%)</td>
<td>100 (39%)</td>
<td>30 (12%)</td>
<td>28 (11%)</td>
<td>31 (12%)</td>
<td>58 (23%)</td>
<td>77 (32%)</td>
<td>222 (88%)</td>
</tr>
</tbody>
</table>

Conclusion: Among individuals with positive autoAbs or FDRs with SLE, the short-term risk for transition into clinical SLE is low. Following the study completion, clinical and lifestyle data will be combined with blood transcriptome to define a high-risk subgroup of individuals for progression into SLE.

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