Antiphospholipid Syndrome Classification Criteria

Entry criteria plus 6 clinical and 2 laboratory domains of additive weighted criteria for classification of antiphospholipid syndrome (APS).

2023 ACR/EULAR Criteria
Antiphospholipid Syndrome Classification Criteria
Barbhaiya et al. · Arthritis Rheumatol 2023;75:1687–1702

NOTE *Classification (not diagnostic) criteria for research purposes — apply entry criteria first, then score additive clinical/laboratory domains.*

1 Entry Criteria

At least **one documented clinical criterion** (from clinical domains D1–D6) **plus** a **positive aPL test** (lupus anticoagulant, or moderate-to-high titer anticardiolipin or anti-β2-glycoprotein-I antibody, IgG or IgM) within **3 years** of the clinical criterion. If absent, do not attempt to classify as APS.

2 Clinical Domains (Highest-Weighted Item per Domain Only)

DOMAIN	CRITERIA — WEIGHT
D1 · VTE	Venous thromboembolism: without high-risk VTE profile = **3** · with high-risk profile = **1**
D2 · Arterial	Arterial thrombosis: without high-risk CVD profile = **4** · with high-risk profile = **2**
D3 · Micro-vascular	Suspected (livedo racemosa, livedoid vasculopathy lesions, aPL-nephropathy, pulmonary hemorrhage — exam/imaging) = **2**; established (same, by pathology, or myocardial/adrenal hemorrhage) = **5**
D4 · Obstetric	>3 pre-fetal/early fetal deaths = **1** · fetal death 16–33w without severe PEC/PI = **1** · severe PEC or PI <34w = **3** · severe PEC **and** PI <34w = **4**
D5 · Cardiac valve	Thickening = **2** · vegetation = **4**
D6 · Hematologic	Thrombocytopenia (platelets 20–130 $\times 10^9$/L) = **2**

3 Laboratory (aPL) Domains

DOMAIN	CRITERIA — WEIGHT
D7 · LAC	Lupus anticoagulant (coagulation-based assay): single positive = **1** · persistent positive = **5**
D8 · Solid-phase	aCL and/or aβ2GPI ELISA (persistent): moderate/high IgM = **1** · moderate IgG = **4** · high IgG (aCL *or* aβ2GPI) = **5** · high IgG (aCL *and* aβ2GPI) = **7**

4 Classification & Test Performance

Threshold: classify as APS if entry criteria are met and the patient accumulates **≥3 points from clinical domains AND ≥3 points from laboratory domains** (only the highest-weighted item per domain counts). Do not score a clinical criterion if an equally/more likely alternative explanation exists.

Performance vs. 2006 revised Sapporo criteria: new criteria specificity **99%** vs. 86%; sensitivity **84%** vs. 99% — prioritizing specificity to improve cohort homogeneity for research.

Scoring notes: aPL positivity must be confirmed within ±3 years of the documented clinical criterion. High-risk VTE/CVD profile definitions are provided separately in the source guideline (Table 2). Microvascular "suspected" items require imaging/exam; "established" items require pathology confirmation.

Barbhaiya M, Zuily S, Naden R, et al. The 2023 ACR/EULAR Antiphospholipid Syndrome Classification Criteria. *Arthritis Rheumatol.* 2023;75(10):1687–1702.