

IT'S not yet daybreak but Loretta Dow can't sleep. She decides to get up and do the laundry. The 47-year-old mom of three starts sorting the clothes into heaps. Suddenly she collapses. Hours later her 13-year-old daughter finds her lying next to the washing machine, her body already cold.

It's eight years since this tragedy in America, where they were living at the time, but not a day goes by without Loretta's family wishing they could turn back the clock.

A postmortem showed she'd died from a thrombosis in her lung and initially her grieving friends and family thought Loretta's death was simply a freak incident.

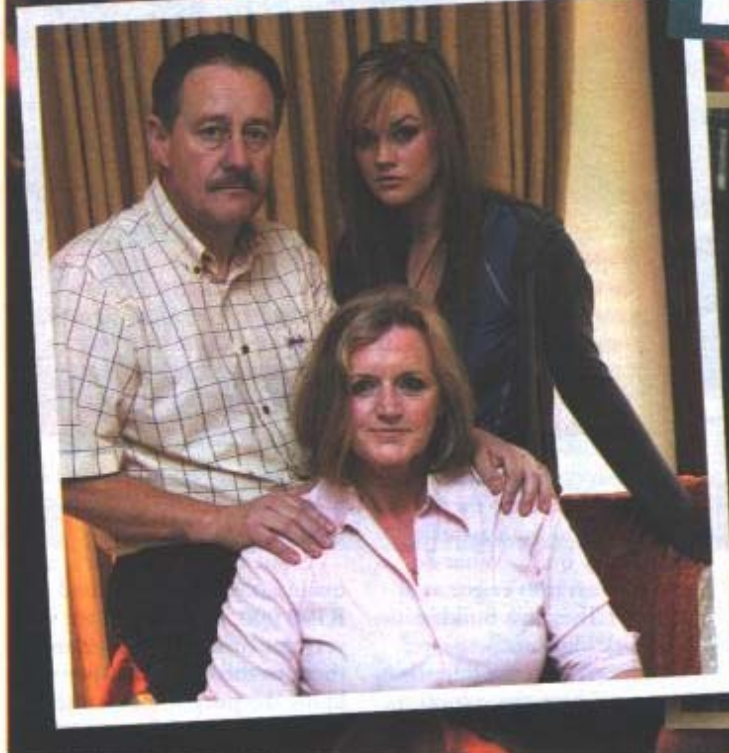
Then four years ago in 2003 her younger sister, Jane Martin, was diagnosed with antiphospholipid syndrome (APS), also known as Hughes or sticky blood syndrome, a condition characterised by excessive blood clotting.

We join Jane in her home in Bedfordview where she tells us the sadness of eight years ago has not diminished. She also feels frustrated because she now realises Loretta's death could have been prevented with one pill a day.

Loretta probably had APS which would explain why she died of a thrombosis at such a young age. She had complained for several years of many of the symptoms of APS, all explained away as nothing to worry about. The disease can run in families and their mom also died of a stroke.

Jane, who was born in Britain, now wants to launch an

SAVED BY A LITTLE PILL



awareness campaign in South Africa in a bid to save the lives of those who don't know they're suffering from the disease.

Diagnosing APS is difficult because symptoms are so general. It was only in 1983 that doctors realised the simultaneous presence of several symptoms could indicate this potentially easily treatable syndrome.

The symptoms of APS are amazingly commonplace and

most people have suffered some of them at some stage.

Serious headaches and migraines are the most common. Others include chronic fatigue, dizziness, forgetfulness, sores and bumps on your skin, pins and needles in your limbs, poor digestion and miscarriage.

Does this sound familiar? If you have several or all of these symptoms and don't know the cause you should be tested for APS immediately.

Because the disease was identified only recently doctors still don't know how prevalent it is and what causes it. Research in Britain indicates one in five people aged between 45 and 50 who have suffered a stroke has APS. And the same proportion of people younger than 50 who've had heart attacks have tested positive for APS.

Doctors now also know APS is the most common treatable

cause of repeated miscarriages. And several people who for years believed they were suffering from multiple sclerosis (an incurable degenerative disease) have been given a new lease of life after realising they have APS instead.

A blood test and a pill to thin the blood now make it possible for these people to again enjoy life to the full. The test and pills not only save their lives but also those of family members who may be unaware they have the life-threatening disease.

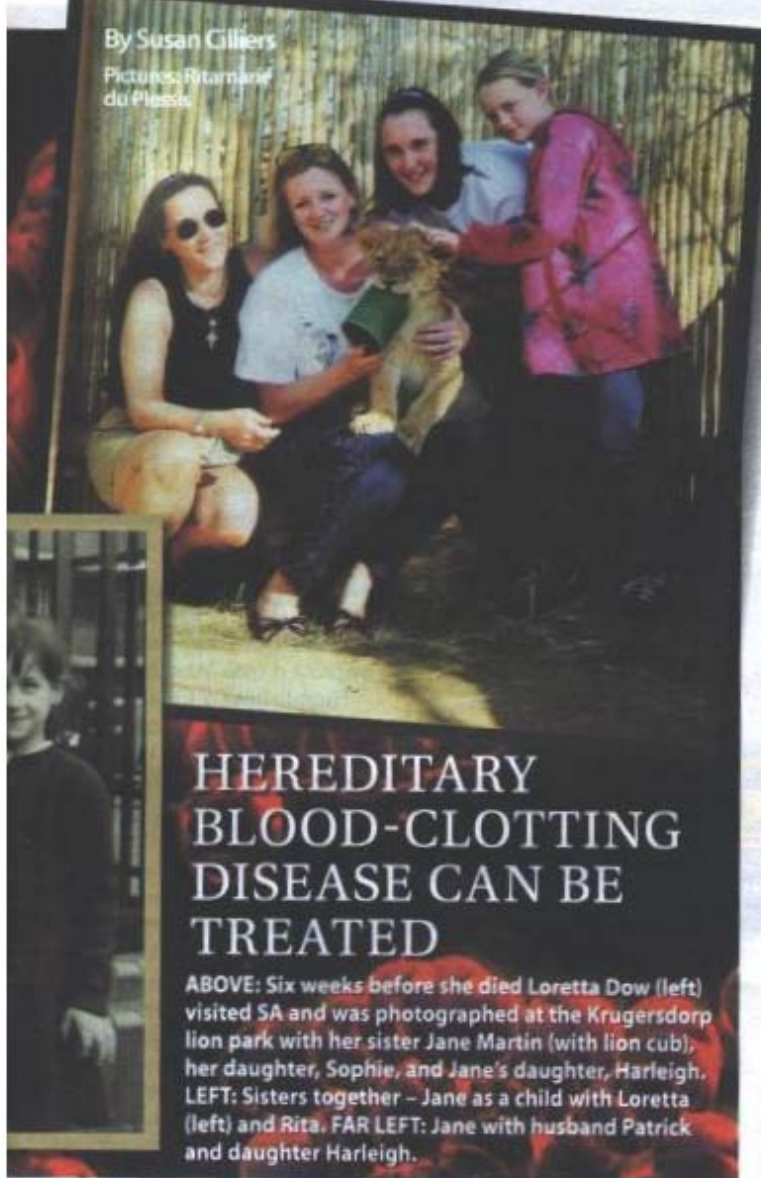
JANE (50) shows us a black-and-white picture of her when she was about three, wearing a pretty dress during an English summer. She's flanked by Loretta and their other sister, Rita.

The three sisters and their brother were plagued by blind-



LEFT: Patrick and Loretta on a family holiday several years ago.

By Susan Gilliers
Pictures: Rotmarie
du Plessis



HEREDITARY BLOOD-CLOTTING DISEASE CAN BE TREATED

ABOVE: Six weeks before she died Loretta Dow (left) visited SA and was photographed at the Krugersdorp lion park with her sister Jane Martin (with lion cub), her daughter, Sophie, and Jane's daughter, Harleigh. **LEFT:** Sisters together – Jane as a child with Loretta (left) and Rita. **FAR LEFT:** Jane with husband Patrick and daughter Harleigh.

ing migraines from the time they were teenagers. Their mom, Theresa, who died at the age of 63, also suffered from agonising headaches and

several other symptoms of APS for many years. A brain scan just before her death showed she'd had a series of minor strokes over several years.

"We were so sad as we had no idea that she was so

ill. The doctors had assured us over the years that what she was suffering from was nothing more than fatigue and depression," Jane recalls.

Jane had five miscarriages and one of Loretta's babies, a premature boy, died soon after birth. Loretta's eldest daughter was born five weeks premature and survived but a stroke at the age of 13 left her mentally disabled – she too had been unable to escape this sticky blood problem. Loretta's other daughter, who discovered her body, has also tested positive for APS. She refused to be tested for APS in the UK but was tested in South Africa after Loretta's death.

Jane consulted specialists over several decades to find an answer to her seemingly unrelated symptoms. Her gynaecologist told her she had a hormonal problem, another specialist believed she was suffering from multiple sclerosis and yet another simply sighed and said, "Everyone gets headaches."

Jane, who immigrated to SA with her husband in 1994, says she would never have guessed a neurologist here in "deepest, darkest" Africa would put two and two together, unlike his British counterparts.

The South African specialist was the first to suspect a link between Jane's headaches, pins and needles in her limbs, repeated miscarriages, vision disturbance, balance and severe

memory problems and painful joints. Not even a stroke had put her British doctors on the right track.

"I know I would have been dead by now had I not come to South Africa," she says.

She was stunned when her headaches disappeared only a few days after she started taking the blood-thinning medication.

"It's heartbreaking to think many young people suffer strokes or are unable to further their careers because of chronic headaches and so many babies are lost to miscarriage simply because the disease goes undiagnosed."

Jane's 17-year-old daughter has also tested positive for the syndrome and is taking the medication. Meanwhile Jane has launched the South African APS Foundation and a website to increase awareness of the disease among ordinary people and doctors. She hopes to motivate others to become involved and help with financing and pamphlet distribution at doctors' surgeries and hospitals.

It's too late for Jane's mom and sister but hopefully her daughter and grandchildren will be spared the curse of repeated miscarriages and paralysing headaches.

■ For more info e-mail Jane at jane@apssafoundation.co.za; call her on 082-783-9882 or visit www.apssafoundation.co.za. □

APS: SIGNS AND SYMPTOMS

Blood tests and other methods of diagnosing APS are complicated and must be done only by a specialist physician or haematologist (blood specialist), warns Dr Bernhard van Staden of the University of the Free State's haematology department.

"The single biggest danger of the disease is clot formation which could result in anything from heart attacks, strokes and lung problems to miscarriages."

The blood of an APS sufferer becomes even stickier when she's pregnant, putting her at greater risk of getting a thrombosis anywhere in her body including the placenta through which the baby is fed. APS can cause miscarriages, still-

births and retarded growth in babies.

Dr van Staden says people with APS are usually treated and monitored by a specialist physician and haematologist. "Most patients have a good quality of life if the treatment is correct but some struggle with symptoms despite treatment."

Sufferers usually start getting headaches in their teens. They often see bright flashes and zigzag patterns. They also feel giddy, have a "woolly" feeling in the head and suffer balance problems.

They can become forgetful and incoherent and suffer from double vision or bouts of blindness. Chronic fatigue is another symptom. Poor blood circulation leads to blotchy skin and chronic sores

and bumps. If a blood clot forms in the lung it could lead to chest pain, shortness of breath and rapid breathing.

APS sufferers sometimes complain of numbness in their limbs or pins and needles. And because poor vision sometimes makes walking difficult their symptoms are often mistaken for multiple sclerosis.

Abdominal pain, fever and blood in the stool are further symptoms as are nausea, vomiting, jaundice, dark urine and swelling of the abdomen.

Other indications include infertility, repeated miscarriages and pre-eclampsia (high blood pressure in pregnancy which threatens the lives of the mother and her baby).

EXTRA SOURCE: WWW.HUGHES-CHRONIC.ORG