

GOUT News & Views

Keeping you up to date with the latest meetings, research and literature on gout

Focus on Comorbidity Risk and Monitoring Patients with Gout

Volume 1, Issue 3

The incidence and prevalence of hyperuricemia and gout appear to be increasing. Health care professionals should be alert for risk factors and comorbidities that may be putting patients at increased risk for developing gout.

Factors that may Increase the Risk for Developing Gout

Sex and Age	Lifestyle and Diet	Medications	Comorbidities*
Increasing age	Obesity	Diuretics	Hypertension
Male sex	Alcohol	Low-dose aspirin	Cardiovascular disease
Women post-menopause	Purine-rich foods	Cyclosporine	Metabolic syndrome

*To learn more about comorbid conditions, click [here](#)

TIPS FOR EFFECTIVE MONITORING OF SERUM URATE LEVELS

Why?

- Many patients with gout may require long-term therapy to help lower serum urate levels to a target treatment goal of <6 mg/dL to help prevent disease progression
- Monitoring may help physicians determine if urate-lowering therapy should be initiated with the aim of achieving the therapeutic target of <6 mg/dL

When?

- During an acute gout flare serum urate levels may be normal in many patients. Thus, it is best to wait until about 2 weeks postflare to obtain the most accurate measurement
- Following the initiation of urate-lowering therapy, serum urate levels should be evaluated and periodically monitored depending on sUA levels and other medical conditions

How?

- Planned regular office visits and discussions with patients about the chronic nature of their disease
- Educate patients about the benefits of long-term treatment and adherence to therapy

For sample case studies, click [here](#)

SPOTLIGHT ON ACR

The annual American College of Rheumatology (ACR) meeting was held October 24-29, 2008, in San Francisco, California. Leaders in the field of rheumatology gathered with specialists, scientists and physicians to discuss and explore a variety of serum urate crystal-related conditions, including gout. Selected gout abstract highlights are captured below. For more information on these and other meeting abstracts, please visit the ACR web site by clicking [here](#).

COMORBIDITIES ARE PREVALENT IN PATIENTS WITH GOUT

Prevalence of Comorbidities and Relative Contraindications to Standard Therapies in a Cohort of Gout Patients: Health care providers should be vigilant in monitoring for comorbidities in patients with gout. The frequency of comorbidities in patients with gout was high (85% hypertension, 58% hyperlipidemia, 25% diabetes) in this recent study. Most patients had contraindications to one or more gout therapies. Data suggested that a wider range of gout therapies is needed.

SERUM URATE LEVELS SHOULD BE MONITORED POSTFLARE

Serum Urate Levels During Acute Gout: In the largest studies of acute gouty arthritis to date, a substantial number of patients had a serum urate measurement that was not significantly elevated during their acute flare (49% had serum uric acid levels [sUA] \leq 8 mg/dL; 11% had sUA \leq 6 mg/dL). This may be attributed to persistence of tophi or to an increased body uric-acid pool.

GOUT EDUCATION IS NEEDED FOR NON-RHEUMATOLOGISTS

Gout Management in a Primary Care Setting: Evidence for Possible Suboptimal Treatment: Primary care physicians (PCPs) may underutilize urate-lowering therapies and undermonitor serum urate levels. A sample of 100 gout patients treated by PCPs found that <50% were prescribed urate-lowering treatment. In addition, the average time since last measurement of serum urate was more than 2 years. Finally, treated patients had an average serum urate level (8.23 mg/dL) greater than the target level for optimal disease management (<6 mg/dL).

PATIENT EDUCATION ABOUT ADHERENCE TO URATE-LOWERING THERAPY IS NEEDED IN PATIENTS WITH GOUT

Adherence With Urate-Lowering Therapy for the Treatment of Gout: Adherence to urate-lowering therapy is poor, particularly in younger adult patients without comorbidities and with fewer health care provider visits prior to starting treatment. Nonadherence to treatment may trigger acute gout episodes. Therefore, patients and providers should be aware of the consequences of nonadherence to urate-lowering gout therapy.

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