









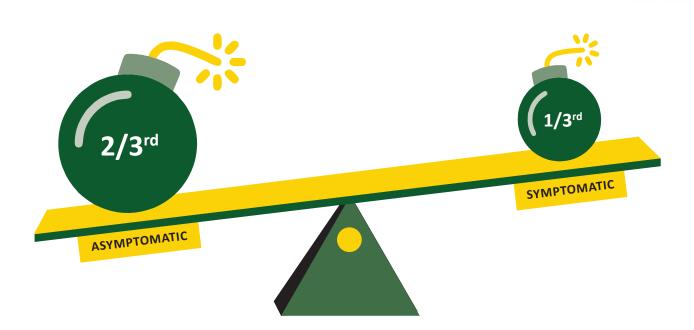
## **HYPERURICEMIA**<sup>1-6</sup>

American College of Rheumatology (ACR) definition of hyperuricemia<sup>2</sup>



Serum urate greater than either 6.8 or 7.0 mg/dL<sup>2</sup>

### Clinical phenotypes of hyperuricemia<sup>1,3</sup>



#### Prevalence of hyperuricemia<sup>1,3</sup>



#### Association of asymptomatic hyperuricemia with chronic diseases<sup>5</sup>

01

Even after understanding the delirious effects of elevated serum uric acid levels — other than gouty arthritis; measuring serum uric acid is not a routine general practice.

02

Hence, hyperuricemia may often go undiagnosed.

03

Undiagnosed and asymptomatic hyperuricemia pose several health risks, beyond gout and nephrolithiasis.

#### Prevalence of hyperuricemia in different disease states<sup>6</sup>



Type 2 diabetes: 25.35%



Metabolic syndrome: 47.1%



Obesity: 44.6%



Hypertension: 37.33%

European Guidelines have therefore officially introduced uric acid evaluation among the risk factors that should be evaluated in order to stratify a patient's cardiovascular risk.<sup>7</sup>

### TREATMENT OF ASYMPTOMATIC HYPERURICEMIA

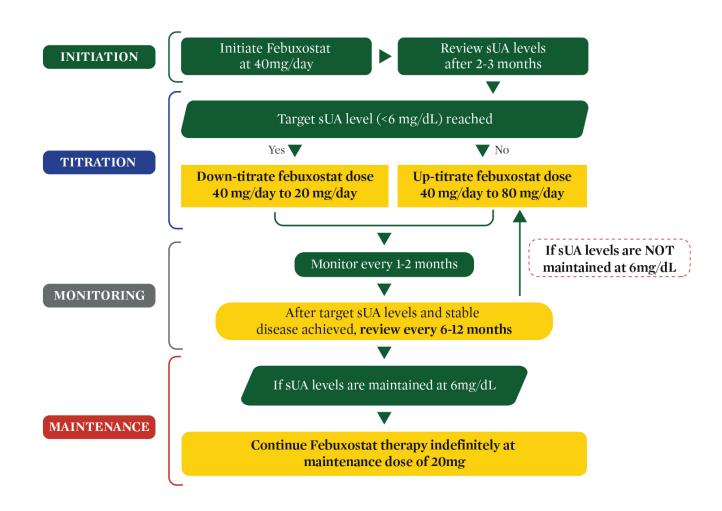
#### **Target level**

Target for serum uric acid for patients on therapy for asymptomatic hyperuricemia is <6 mg/dl.8</li>

#### Dose titration of febuxostat in asymptomatic hyperuricemia8

- Febuxostat is a first-line agent since it is metabolised by the hepatic route and has renal benefits.
- Starting dose for Febuxostat is 40 mg/day, which can be titrated gradually in order to achieve the target. Long-term (one-year) maintenance dose, 20 mg daily.<sup>8,9</sup>

Algorithm for initiation, management, and maintenance of hyperuricemia with febuxostat<sup>10</sup>



# URATE LOWERING THERAPY & EFFECT ON HYPERTENSION (BLOOD PRESSURE)

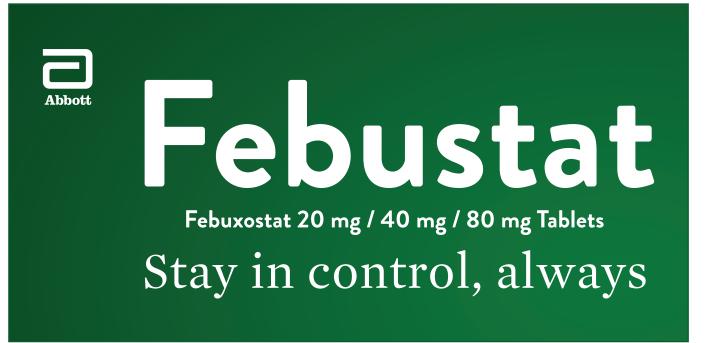
A recent systematic review and network meta-analysis compared intervention group (patients receiving urate-lowering drugs; allopurinol, febuxostat, and benzbromarone) with others using other types of drugs, placebo, or usual care, and showed following **long-term effect**:<sup>11</sup>



No significant difference of systolic/diastolic BP was found between groups in long-term; except patients in febuxostat group had 1.47 mmHg statistically lower diastolic BP than patients in placebo group.<sup>11</sup>

In patients with asymptomatic hyperuricemia, urate-lowering therapy does not result in a higher risk of safety events. 11

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