SAT0100 FENOFIBRATE REDUCES SERUM URATE IN PATIENTS WITH HYPERURICAEMIA ESTABLISHED ON ALLOPURINOL

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10.1136/annrheumdis-2001.483

Background Fenofibrate is an established treatment for various forms of hyperlipidaemia and is unique amongst the fibric acid derivatives due to its ability to lower serum urate. This urate-lowering effect has not, however, been assessed in patients established on allopurinol, the most widely used drug in the prevention of gout.

Objectives To assess the short-term urate lowering effect of fenofibrate in patients with hyperuricaemia and gout already treated with allopurinol.

Methods 11 patients (10M:1F), mean age 56.5 (range 38–74) with a history of either chronic tophaceous or interval gout in association with hyperuricaemia were assessed in an open cross-over study. Each had been treated with allopurinol 300 mg/day or more for at least 3 months and had been free of acute gout for a minimum of 1 month. Each patient received micronised fenofibrate 200 mg once daily for 3 weeks. Before this was commenced, the following were measured: serum urate and creatinine, 24 hr urinary output of urate and creatinine, liver function tests, creatine kinase and fasting serum lipids. These were repeated at the end of fenofibrate therapy and again 3 weeks later. Allopurinol was continued throughout the study period.

Results Fenofibrate was associated with a 24% reduction in serum urate after 3 weeks of treatment (mean 0.36 ± 0.11 vs 0.29 ± 0.07 mmol/l; $p = 0.002$). The urate-lowering effect was rapidly reversed on its withdrawal (0.29 ± 0.07 vs 0.37 ± 0.09 mmol/l). There was a rise in urate clearance of 56% (6.7 ± 3.1 vs 10.5 ± 5.6 ml/min NR 6–11; $p = 0.005$) without any significant change in creatinine clearance. The largest reductions in serum urate occurred in patients with the highest levels at baseline. Both total cholesterol and triglyceride levels in the serum fell, but this was not statistically significant in either case (5.9 ± 1.0 vs 5.3 ± 0.9 mmol/l; $p = 0.16$ and 2.34 ± 1.11 vs 1.77 ± 0.66 mmol/l; $p = 0.15$ respectively). Alkaline phosphatase activity was reduced in each patient, confirming compliance with fenofibrate (70 ± 15 vs 53 ± 12 U/l). Importantly, none of the group developed acute arthritis whilst taking fenofibrate, and the three who continue to take the drug remain free of gouty attacks.

Conclusion Fenofibrate rapidly lowers serum urate by a significant degree in patients with hyperuricaemia who are already established on allopurinol prophylaxis. No adverse effects were seen, in particular a flare of gout. Fenofibrate is a potential novel treatment for hyperuricaemia and the prevention of gout. In particular it may have a useful dual role in patients with coexisting hyperuricaemia and hyperlipidaemia.

REFERENCE

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SAT0101 ANALYSIS OF THE EFFICACY OF CYCLOSPORIN A IN 56 PSORIATIC PATIENTS

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10.1136/annrheumdis-2001.484

Background

Objectives 20% of the patients with psoriatic arthritis (PA) may develop a very severe form of arthritis. When the skin disease is extensive, it makes sense to use medications which are thought to be effective for both, the skin and joint disease. The efficacy of the cyclosporin A (CyA) on the skin lesions in psoriasis has been shown in several controlled studies. A few authors demonstrated the anti-inflammatory efficacy of the drug in the PA. The most important action of CyA is the inhibition of production of cytokines by T-cells. We have evaluated efficacy and tolerability of CyA in PA patients. 56 patients with average age of 47 (range 33–71), 21 female and 35 male have been treated with 3 mg/kg per day for 6 months. 19 patients received low doses of corticosteroids, nobody received other DMARD during the treatment.

Methods Several clinical and laboratory parameters for the assessment of joint status at the start and at the end of the study were employed: Ritchie index, duration in minutes of morning stiffness with a semi-quantitative evaluation the presence or absence of the onychopathy. We also performed at monthly interval the systolic blood pressure values and the laboratory parameters: erythrocyte sedimentation rate, CRP, serum creatinine and blood urea and liver enzymes. We measured a concentration of the drug in serum with Fluorescence polarisation immuno assay (ABOTT) method at the beginning and at the end of the study.

Results The results are shown in the following Table 1. (statistical-analysis t-student-test)

Abstract SAT0101 Table 1

Ritchie index	$p < 0,01$
Morning joint stiffness	$p < 0,05$
ESR	$p > 0,05$
CRP	$p > 0,05$

Conclusion Six of our patients drop out because of high blood pressure, all other patients finished the study. Our results show a good tolerability and efficacy on the joint pain, on the morning stiffness and on the skin lesions.

SAT0102 BONE AND JOINT PROBLEMS IN HAEMODIALYSIS PATIENTS

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10.1136/annrheumdis-2001.485

Background Patient receiving maintenance haemodialysis suffer from various problems of the joints, soft tissues and tendons. These effects include avascular necrosis, osseous abnormalities, ligamentous laxity, destructive arthropathies and soft tissue calcifications. IN end stage renal disease, average bone mineral density has been reported modestly reduced.