except for transient and reversible serum creatinine elevations in the LESU groups. (table 1).

### Abstract SAT0374 – Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group receiving Diuretics</th>
<th>Group not receiving Diuretics</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRO</td>
<td>LESU</td>
<td>PRO</td>
</tr>
<tr>
<td>ALLO</td>
<td>200 mg</td>
<td>400 mg</td>
</tr>
<tr>
<td>n=64</td>
<td>n=79</td>
<td>n=343</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Efficacy, proportion of PT achieving (number [%]):</th>
<th>siUA&lt;6.0 mg/dL</th>
<th>57 (73.1)*</th>
<th>85 (24.8)</th>
<th>174 (53.4)*</th>
<th>195 (60.4)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>If frail, for example, Eastern Asia, the proportion of PT achieving (number [%]):</td>
<td>siUA&lt;6.0 mg/dL</td>
<td>48 (60.8)</td>
<td>88 (25.7)</td>
<td>155 (47.5)*</td>
<td>163 (50.5)*</td>
</tr>
<tr>
<td>dl. at m-6</td>
<td>(29.7)</td>
<td>(70.3)</td>
<td>(69.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dl. at m-12</td>
<td>(26.6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Conclusions:

- LESU + ALLO doubled the number of PT reaching a siUA target of <6.0 mg/dL at m-6 and sustained at m-12, irrespective of TTLD use. Adjunctive therapy with LESU + ALLO is safe and efficacious even in PT subgroups using concomitant TTLD.

### REFERENCES:


### Disclosure of Interest:

- T. Bardin Grant/research support from: Astrazeneca, Ipsen, Menarini, Consultant for: Grunenthal, Speakers bureau: Astrazeneca, University of Nottingham, Nottingham, UK
- T.-T. Chung1, M.F. Tsao1, M.H. Chung1, B.M.Y. Cheung1, W.C.S. Lau1, 1Medicine, The University of Hong Kong; 1Medicine, Queen Mary Hospital, Hong Kong, Hong Kong

### Background:

- The prevalence of gout has increased significantly over the past decade, especially in developed countries and Oceanic populations. The estimated prevalence of gout in the US, Canada and European countries was 3%. Asian countries, except Taiwan, were considered to have a lower prevalence of gout due to differences in ethnicity and lifestyle.

### Methods:

- Data were retrieved from the Clinical Data Analysis and Reporting System (CDARS) of the Hospital Authority. The Hospital Authority is the only public healthcare provider in Hong Kong. Since treatment is heavily subsidised and available to all residents, it covers more than 90% of all medical care for the general population in Hong Kong.

### Objectives:

- To determine the incidence, prevalence of gout and use of urate lowering agents in Hong Kong

### Results:

- The crude and age-standardised prevalence of gout were 2.92% and 2.03% for patients with an eGFR 60–89 ml/min/1.73 m², 0.78% (95% CI, 0.45–1.42) for patients with an eGFR 30–59 ml/min/1.73 m² and 0.73% (95% CI, 0.22–3.52) for patients with an eGFR 15–29 ml/min/1.73 m². Among uricosuric agent users, the HRs were 0.94 (95% CI, 0.52–1.88) in patients with an eGFR <90 ml/min/1.73 m², 0.88 (95% CI, 0.55–1.50) in patients with an eGFR 60–89 ml/min/1.73 m², 0.71 (95% CI, 0.41–1.28) in patients with an eGFR 30–59 ml/min/1.73 m² and 0.71 (95% CI, 0.19–3.62) in patients with an eGFR 15–29 ml/min/1.73 m².

### Conclusions:

- Racial function deterioration is not uncommon after initiation of urate-lowering treatment and febuxostat has a similar renal safety profile as allopurinol and uricosuric agents.

### Disclosure of Interest:

- None declared

### SAT0375

#### THE INCIDENCE, PREVALENCE AND USE OF URATE LOWERING AGENTS IN HONG KONG: A POPULATION STUDY FROM 2006 TO 2016

1. T.T. Cheung1, M.F. Tsao1, M.H. Chung1, B.M.Y. Cheung1, W.C.S. Lau1, 1Medicine, The University of Hong Kong; 1Medicine, Queen Mary Hospital, Hong Kong, Hong Kong

### Background:

- The prevalence of gout has increased significantly over the past decade, especially in developed countries and Oceanic populations. The estimated prevalence of gout in the US, Canada and European countries was 3%. Asian countries, except Taiwan, were considered to have a lower prevalence of gout due to differences in ethnicity and lifestyle.

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### Conclusions:

- Racial function deterioration is not uncommon after initiation of urate-lowering treatment and febuxostat has a similar renal safety profile as allopurinol and uricosuric agents.

### Disclosure of Interest:

- None declared

### SAT0376

#### IMPACT OF FEBUXOSTAT ON RENAL FUNCTION AMONG GOUT PATIENTS WITH DIFFERENT RENAL FUNCTION

1. T.-T. Chung1, C.-F. Kuo1,2, J.-S. Chen1, M.-J. Chiou1

### Background:

- Febuxostat is a new xanthine oxidase inhibitor which is effective in the utilisation of urate lowering agents remained low. In 2016, only 25.55% of patients with gout due to differences in ethnicity and lifestyle.
Background: Gout is associated with higher cardiovascular risk and increases with disease severity. It is not clear if the monosodium urate (MSU) crystal burden is associated with traditional cardiovascular risk factors.

Objectives: The objective of this study was to explore the relationship between the extent of MSU deposition assessed with ultrasonography (US) and dual-energy CT (DECT) and cardiovascular risk.

Methods: Gout patients naive of urate lowering therapy were included in this cross-sectional study to undergo DECT scans for the assessment of total MSU volume deposition of the knees and feet, and US to evaluate the number of joints with the double contour (DC) sign among the femoro-patellar, talo-crural and first metatarsophalangeal joints. Participants were screened for traditional cardiovascular risk factors and levels of the ACC/AHA 10 year-risk for heart disease or stroke was calculated. The primary endpoint was the Spearman correlation coefficient $r$ between DECT MSU volume and cardiovascular risk.

Results: A total of 50 patients predominantly male (46/50) aged 62.6 years ($\pm 14.1$) were included. Participants had gout duration of 9.5 years ($\pm 11.8$), had experienced 4.1 flares ($\pm 2.3$), and 35/50 had at least one US tophus of 1.5 cm$^3$ ($\pm 1.8$). The experienced 4.1 flares ($\pm 6.3$) over the past year, had serum urate (SU) levels of 8.1 mg/dL ($\pm 2.3$), and 35/50 had at least one US tophus of 1.5 cm$^3$ ($\pm 1.8$). The volume of MSU deposits with DECT was 3.9 cm$^3$ ($\pm 1.1$) for the feet and 2 cm$^3$ ($\pm 4.4$) for the knees. Overall, 28 patients presented with the metabolic syndrome. Correlations between DECT volumes of MSU deposits of the knees, feet, and knees+feet were poor with $r$ respectively of 0.23, 0.03 and 0.21. The was no correlation between the number of joints with the DC sign and cardiovascular risk ($\rho$ of 0) and the correlation was poor with SU levels ($\rho = 0.09$). Patients with the metabolic syndrome had similar DECT volume of MSU deposits than those without ($p = 0.26$).

Conclusions: This study suggests that the association of gout with traditional cardiovascular risk factors is not related to the extent of the monosodium urate crystal burden.

Disclosure of Interest: None declared


SAT0379 VACUUM-ASSISTED CLOSURE VERSUS CONVENTIONAL WOUND CARE IN THE MANAGEMENT OF CHRONIC ULCERS IN PATIENTS WITH TOPHACEOUS GOUT: A PROSPECTIVE ANALYSIS

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Background: With the rising epidemic of gout, an increasing number of patients suffer from chronic ulcers associated with tophaceous gout in China, causing poor quality of life and disability. Such ulcers are very difficult conditions to deal with. Vacuum-assisted closure (VAC) has been proved to be effective in treating a variety kinds of wounds such as diabetic foot ulcers. However, its use in chronic ulcers associated with tophaceous gout has been seldom reported.

Objectives: In the present study, we evaluated the use of VAC in the treatment of chronic ulcers associated with tophaceous gout in comparison to conventional wound care (CWC).

Methods: We performed a 12 week prospective study that included 13 patients treated with VAC and 14 patients treated with CWC. We collected the clinical outcomes of these patients and data from a satisfaction survey. Chronic ulcers were treated until wound closure, or until the end of 12 weeks. Study will discontinue when the ulcer worsens or remains unchanged by the end of week 4.

Results: Granulation tissue appeared in 12 (92.31%) patients by the end of week 2 in the VAC group, while it appeared in 6 (42.86%) patients by that time in the CWC group (p = 0.013). 100% granulation was achieved in 11 (84.62%) patients by the end of week 8 in the VAC group as compared to 5 (35.71%) patients by that time in the CWC group (p = 0.018). By the end of week 12, decreasing in wound size was achieved in 12 (92.31%) patients in the VAC group, while it was achieved in 10 (71.43%) patients in the CWC group (p = 0.326). Among them, wound closure was achieved in 9 (69.23%) patients in the VAC group, while it was achieved in 3 (21.43%) patients in the CWC group (p = 0.021). None developed local infection in both groups during the treatment. More patients in the VAC group were satisfied with treatment as compared to the CWC group.