inflammation was found at 24 and 48 hour between treatment groups. Treatment was well tolerated in both groups.

Conclusions: Both steroids and ACTH are effective in the treatment of gout in hospitalised patients but ACTH is faster acting. ACTH may be an attractive therapeutic choice in patients with multiple comorbidities that cannot receive standard treatment.

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AB1029

ALLOPURINOL AND CARDIOVASCULAR OUTCOMES IN PATIENTS WITH ISCHAEMIC HEART DISEASE (ALL-HEART) STUDY: BASELINE CHARACTERISTICS OF THE RANDOMISED PATIENT POPULATION

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Background: Allopurinol is licensed for the prevention of gout. In recent years, several studies have suggested that allopurinol may have beneficial effects on cardiovascular parameters. The ALL-HEART study is a large outcome trial designed to investigate whether allopurinol improves cardiovascular outcomes in patients with ischaemic heart disease[1]. It is a multicentre, controlled, prospective, randomised, open-label, blinded endpoint trial of allopurinol (up to 600 mg daily) versus no treatment added to usual care in patients aged 60 and over with ischaemic heart disease. Patients are followed up by electronic record-linkage and annual questionnaires. Patient recruitment to the trial started in 2014 and completed in 2017 and follow-up is ongoing.

Objectives: To describe the baseline characteristics of the patients randomised into the ALL-HEART study.

Methods: The primary endpoint of the ALL-HEART study is the composite of non-fatal myocardial infarction, non-fatal stroke or cardiovascular death. Secondary outcomes include all-cause mortality, quality of life and cost-effectiveness of allopurinol. The study will end when 631 adjudicated primary outcomes have occurred.

Results: 5938 patients from the UK have been randomised into the ALL-HEART study. The mean age at randomisation was 72.1±6.8 (SD) years. 75.2% of participants are male. 56.5% are former smokers and 9.4% current smokers. Mean systolic blood pressure was 133±18 mmHg and mean diastolic blood pressure 72±11 mmHg. Mean body mass index was 28.9±5.3 kg/m². The average duration of ischaemic heart disease was 11.5±7.9 years. 47.4% of participants had a history of previous myocardial infarction, 64.2% a history of angina, 56.4% a history of coronary revascularisation and 69.3% had other evidence of ischaemic heart disease. 57.6% had a history of hypertension. 3.9% had a history of previous cerebrovascular accident, 7.6% of peripheral arterial disease, 21.8% of diabetes mellitus, 8.9% of chronic obstructive pulmonary disease and 5.2% of heart failure.

Conclusions: This large ongoing trial will determine whether allopurinol improves major cardiovascular outcomes in patients with ischaemic heart disease.

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AB1030

FEBUXOSTAT VERSUS ALLOPURINOL STREAMLINED TRIAL (FAST): BASELINE CHARACTERISTICS OF THE RANDOMISED PATIENT POPULATION

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Background: The Febuxostat versus Allopurinol Streamlined Trial (FAST) is a prospective, randomised, open-label, blinded endpoint trial comparing the cardiovascular safety of allopurinol and febuxostat in patients with symptomatic hyperuricaemia.¹ The trial includes patients aged over 60 years who are taking chronic allopurinol therapy at baseline and have at least one additional cardiovascular risk factor. After up-titration on allopurinol to reach EULAR urate targets, patients are randomised to febuxostat or allopurinol then followed up for events. Patient recruitment to the trial completed in late 2017 and follow-up is ongoing.

Objectives: To describe the baseline characteristics of the patients randomised into the FAST study.

Methods: The primary endpoint of the FAST study is the composite of non-fatal myocardial infarction, non-fatal stroke or cardiovascular death. The primary analysis is a non-inferiority analysis with a non-inferiority upper limit for the hazard ratio for the primary outcome of 1.3.

Results: 6142 patients from UK, Denmark and Sweden have been randomised into the FAST study. The mean age at randomisation was 71.0±6.4 (SD) years. 85.3% of participants are male. 57.3% are former smokers and 7.9% current smokers. Mean systolic blood pressure was 138±18 mmHg and mean diastolic blood pressure 75±12 mmHg. Mean body mass index was 31.1±5.2 kg/m². 10.7% of participants had a history of previous myocardial infarction, 5.0% a history of previous cerebrovascular accident and 4.8% a history of peripheral arterial disease. 22.5% had a history of diabetes mellitus and 4.6% a history of heart failure. 78.0% had a history of high blood pressure. 33.3% had a history of any cardiovascular disease (defined as history of myocardial infarction, cerebrovascular accident, transient ischaemic attack, acute coronary syndrome, coronary revascularisation, angina pectoris or heart failure). The mean baseline urate at study entry (screening) was 297±47 μmol/L. The mean allopurinol dose being taken at study entry (screening) was 225±106 mg daily. 2206 patients (35.9%) had at least one up-titration of allopurinol dose prior to randomisation.

Conclusions: This ongoing European trial will report on the cardiovascular safety of febuxostat versus allopurinol in patients with symptomatic hyperuricaemia.

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AB1031

ANALYSIS OF MECHANISM OF TRANSIENT INCREASE IN PLASMA URATE LEVELS INDUCED BY FRUCTOSE IN RATS

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Background: Hyperuricemia induces gout and kidney stones and accelerates the progression of renal diseases. Hyperuricemia is a common multifactorial disorder having several environmental factors such as sex, diet, alcohol consumption, and obesity. The increasing prevalence of hyperuricemia in recent years is thought to be due to environmental factors, particularly diet. Based on the reported association between sugar-sweetened beverages and hyperuricemia in epidemiological studies, it has been hypothesised that fructose, the primary sweetener in sugar-sweetened beverages, directly increase plasma urate levels.

Objectives: The aim of this study was to investigate whether and how fructose induces an increase in plasma urate levels.