structured cardiovascular assessment including carotid ultrasound in gout: analysis of subsequent events in the follow up

M. Monzó, N. Quilis Martí, L. Ranieri, A. San-Martín, M. Andrés. 1. Universidad Miguel Hernández de Elche, Departamento de Medicina Clínica, Alicante, Spain; 2. Hospital Universitario del Vinalopó, Servicio de Reumatología, Elche, Spain; 3. Clínica HLA Vistahermosa, Unidad de Reumatología, Alicante, Spain; 4. Hospital General Universitario de Alicante-ISA/BIA/AL, Sección de Reumatología, Alicante, Spain

Background: Gout is an independent cardiovascular (CV) risk factor. This excess of morbidity and mortality requires optimal management, especially in high-risk individuals. So, the inclusion of subclinical atherosclerosis screening by carotid ultrasound in the initial evaluation may help to accurately stratify the CV risk. However, longitudinal outcomes using this technique are not available in gout.

Objectives: To analyze the new CV events occurred in patients with gout after structured CV assessment incorporating carotid ultrasound.

Methods: Retrospective analysis of an inception cohort of new patients with crystal-proven gout. At baseline and a structured CV assessment was performed considering age, gender, traditional risk factors, CV and renal disease, laboratory data, SCORE and Framingham risk tools and carotid ultrasound; according to 2013 ESC guidelines, CV risk was stratified as low, moderate, high or very high. The cohort includes 356 patients, mean aged 64 years (SD 14.0) mostly males (86.0%), 21.8% with lophaceous gout and mean serum urate at diagnosis of 8.2mg/dL (SD 1.8). The CV risk stratification was: low in 20 (5.6%), moderate in 47 (13.2%), high in 34 (9.6%), and very high risk in 242 (68.0%). Major CV events (coronary disease CD, heart failure (HF), stroke, peripheral artery disease (PAD) and CV death) were recorded during the follow-up by electronic case reports review. A binary composite endpoint of “new major CV event” was used. The incidence after inclusion in the cohort was estimated. To evaluate potential baseline predictors (clinical and gout-related) of CV events, a Cox regression model was built.

Results: Mean follow-up in the cohort was 41.5 months (SD 16.8). Forty new major CV events have been identified (incidence 3.25%/patient-year), distributed as follows: HF 1.46 (n=18), CV death 0.65 (n=8), CD 0.49 (n=6), stroke 0.33 (n=4), and PAD 0.33%/patient-year (n=4). Per risk stratification, the incidence of a new event was 0.16%/patient-year in the high-risk group and 3.01%/patient-year in the very high-risk, while no events occurred in low and moderate groups. The table shows the univariate and multivariate analysis of baseline variables. An independent association and a trend towards significance were noted for age and to be classified at a very high CV risk at baseline, respectively.

Disclosure of Interests: None declared, Herbert S.B. Baraf Grant/research support from: Horizon; Gilead Sciences, Inc.; Pfizer; Janssen; AbbVie, Consultant of: Horizon; Gilead Sciences, Inc.; Merck; AbbVie, Speakers bureau: Horizon; Anthony Yeo Employee of: Horizon, Peter Lipsky Consultant of: Horizon Therapeutics

DOI: 10.1136/annrheumdis-2020-eular.4642

THU0411

THU0412

EFFECT OF METFORMIN ON CLINICAL GOUT MELLITUS


Background: Gout and diabetes mellitus type 2 (DM) are frequently co-existing.

Metformin is the first choice of treatment for patients with DM type 2, and might – based on previous studies - have beneficial clinical effects on gout through a putative anti-inflammatory as well as serum uric acid (SUA) lowering effect.

Objectives: To investigate the anti-inflammatory and SUA lowering effect of metformin in patients with gout starting uric acid lowering treatment (ULT).

Disclosure of Interests: None declared, Laura Ranieri: None declared, Alejandro San-Martín: None declared, Mariano Andrés Grant/research support from: Grünenthal, Menarini, Speakers bureau: Grünenthal, Horizon

DOI: 10.1136/annrheumdis-2020-eular.4965

Disclosure of Interests: : Hope Rainey: None declared, Herbert S.B. Baraf Grant/research support from: Horizon; Gilead Sciences, Inc.; Pfizer; Janssen; AbbVie, Consultant of: Horizon; Gilead Sciences, Inc.; Merck; AbbVie, Speakers bureau: Horizon; Anthony Yeo Employee of: Horizon, Peter Lipsky Consultant of: Horizon Therapeutics

DOI: 10.1136/annrheumdis-2020-eular.4642