Methods: Patients were divided into 2 groups: 1- treatment naïve patients with acute gouty arthritis (27 male (65,9%), 14 female (34.1%), mean age 55,9 ± 13,7 years, mean disease duration 5,9 ± 13,7 years); 2- patients with recurrent attacks of acute gouty arthritis. Treatment naïve patients were treated with low dose colchicine (1,8 mg/day) in combination with sporadic (1-2) intramuscular injections of betamethasone (4 mg) for 3 days. Urate-lowering therapy (ULT) was begun. 21 patients (51,2%) received febuxostat 80 mg daily dose of colchicine was decreased to 1 mg/day. In patients with recurrent acute gouty attacks urate-lowering therapy (ULT) was begun. 21 patients (51,2%) received febuxostat 80 mg daily dose of colchicine was decreased to 1 mg/day. In patients with recurrent acute gouty attacks urate-lowering therapy (ULT) was begun.

Results: On the third visit (30th day) all investigated measures with exception for UA (sUA - 8,8 ± 1,9 mg/dl, p<0.05) had shown significantly lower results: CRP - 4,9±3,5 mg/dl, VAS - 4,2±1,2 cm. GAS - 4,9 ± 0,7 (p<0.001).

Conclusion: Low dose colchicine in combination with sporadic (1-2) intramuscular injections of betamethasone can present an efficient, non-traumatic, safe and cost-effective option for the treatment of acute gouty arthritis. Moreover, according to results of our study, anti-inflammatory effect was stable even after the prescription of ULT.

References:

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Background: Heart failure (HF) is the eighth leading cause of death in the US, with a 38% increase in the number of deaths due to HF from 2011 to 2017 (1). With a 38% increase in the number of deaths due to HF from 2011 to 2017 (1). Potential risk factors for heart failure, the aging of the US population is projected to significantly increase the burden of illness and costs of care of these comorbidities (1). This calls for an increased awareness and management of serious co-morbid conditions in patients with gout.

Methods: The Nationwide Inpatient Sample (NIS) is a stratified random sample of all US community hospitals. It is the only US national hospital database with information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. We examined all inpatient hospitalizations in the NIS in 2017, the most recent year of available data, with a primary or secondary diagnosis of gout and heart failure. Over 69,800 ICD 10 diagnoses were collapsed into a smaller number of clinically meaningful categories, consistent with the CDC Clinical Classification Software.

Results: There were 35.8 million all-cause hospitalizations in patients in the US in 2017. Of these, 351,735 hospitalizations occurred for acute and/or chronic heart failure in patients with gout. These patients had a mean age of 73.3 years (95% confidence intervals 73.1 – 73.5 years) and were more likely to be male (63.4%). The average length of hospitalization was 6.1 days (95% confidence intervals 6.0 to 6.2 days) with a case fatality rate of 3.5% (95% confidence intervals 3.4% – 3.7%). The average cost of each hospitalization was $63,992 (95% confidence intervals $61,908 - $66,075), with a total annual national cost estimate of $22.8 billion (95% confidence intervals $21.7 billion - $24.0 billion).

Conclusion: While gout and hyperuricemia have long been recognized as potential risk factors for heart failure, the aging of the US population is projected to significantly increase the burden of illness and costs of care of these comorbidities (1). This calls for an increased awareness and management of serious co-morbid conditions in patients with gout.

References:

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THU0443 SEASONAL VARIATIONS AND ASSOCIATED FACTORS OF GOUT ATTACKS: A PROSPECTIVE MULTICENTER STUDY IN SOUTH KOREA

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Background: Gout shows a seasonal variation that widely differs among geographic areas, and we previously reported a seasonal effect on gout in Korea. However, we had no information regarding changes in diet and had only limited laboratory data because this was a retrospective study in patients receiving a urate-lowering therapy. Therefore, we designed this prospective study to elucidate the seasonality and associated factors of gout attacks in Korea.

Objectives: To evaluate the seasonality and associated factors of the incidence of gout attacks in Korea.

Methods: We prospectively enrolled patients with gout attacks who were treated at nine rheumatology clinics between January 2015 and July 2018 and followed them for 1-year. Demographic data, clinical and laboratory features, and meteorological data including seasonality were collected.

Results: Two hundred-five patients (males, 94.1%) were enrolled. The proportion of patients with initial gout attacks was 46.8% (n = 96). The mean age, body mass index, attack duration, and serum uric acid level at enrollment were 50.5 years, 26.1, 10.2 days, and 7.3 mg/dL, respectively. Gout attacks were most common during spring (43.4%, P < 0.001) and in March (23.4 %, P < 0.001). A similar pattern of seasonality was observed in the group with initial gout attacks. Alcohol was the most common provoking factor (39.0%), particularly during summer (50.0%). The mean diurnal temperature change on the day of the attack was highest in the spring (10.3°C), followed by winter (9.1°C), summer (8.1°C), and fall (5.0°C) (P = 0.027). The mean change in humidity between the 2 consecutive days (the day before and the day of the attack) was significantly different among the seasons (3.4%, spring; 0.2%, summer; 0.4%, fall; -3.9%, winter; P = 0.015).

One hundred-twenty-five (61%) patients completed 1-year follow-up (51% in the