Background: Despite the disproportionately worsening disease burden of female gout in recent years and its frequent associations with key cardiovascular risk factors (more often than male gout), there remains a paucity of specific knowledge on the relationship between fluctuation in SUA and gout flares fluctuations in serum urate (SUA), being a result of proinflammatory signals.

Methods: Using data from the Nurses’ Health Study (NHS), an ongoing prospective cohort study in which female nurses in the United States completed detailed mailed questionnaires regarding their medical history, lifestyle, and other risk factors at baseline and every two years thereafter, we prospectively analyzed the relation between gout status at baseline and during the follow-up period and cardiovascular mortality.

Results: The analysis included 105,502 women without gout and 1,602 women with gout. Women with gout at baseline in 1982 tended to be older (mean age 56.4 vs. 50 years), and more likely to report a history of hypertension (44% vs. 40%), obesity (38% vs. 32%), hypercholesterolemia (17% vs. 8%), and diabetes (11% vs. 6%). During follow-up, the incidence of gout was 22%/year.

Conclusion: These findings provide support for rigorous cardiovascular risk factor modification specifically in female gout to help curtail the rising disease burden of gout worldwide.

REFERENCES:
[1] Xia et al., PMID 31624843
[2] Puig et al., PMID 2012455
[3] Harrold et al., PMID 16644784
[4] Fisher et al., PMID 28122760

Disclosure of Interests: Xia, Puig, Harrold, Fisher None declared.

OR was adjusted for all variables in table.

Disclosure of Interests: None declared.


POS0280
EXCESS RISK OF ALL-CAUSE AND CARDIOVASCULAR MORTALITY IN FEMALES WITH GOUT – A PROSPECTIVE COHORT STUDY OF 105,502 WOMEN

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Background: Despite the disproportionately worsening disease burden of female gout in recent years and its frequent associations with key cardiovascular risk factors (more often than male gout), there remains a paucity of specific knowledge on the relationship between fluctuation in SUA and gout flares fluctuations in serum urate (SUA), being a result of proinflammatory signals.

Methods: Using data from the Nurses’ Health Study (NHS), an ongoing prospective cohort study in which female nurses in the United States completed detailed mailed questionnaires regarding their medical history, lifestyle, and other risk factors at baseline and every two years thereafter, we prospectively analyzed the relation between gout status at baseline and during the follow-up period and cardiovascular mortality.

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POS0281
FLUCTUATIONS IN SERUM URATE ARE RELATED TO GOUT FLARES IN THE NOR-GOUT STUDY

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Background: Urate lowering therapy (ULT) is expected to prevent new gout flares, but flares still do occur during the first year, and could be related to fluctuations in serum urate (SU), being a result of proinflammatory signals.

Methods: In a prospective observational 2-year study 211 included patients with crystal-proven gout were evaluated for flare frequency. Patients were frequently followed during ULT (allopurinol or febuxostat) with monthly dose escalation until SUA was at target (<360 µmol/L or <300 µmol/L if tophi), and met also for visits at 3, 6, 9, 12 during year 1 and at year 2. Self-reported flares were continuously registered at all study visits.

Results: Fluctuations in SUA were defined with various measures of SUA: a.) sum of changes between all consecutive visits over the whole 2-year period as a global measure, b. SUA change during 3-month visits at year 1 and during year 2. Further, the frequency of patients exceeding SUA changes with threshold >30, >60 and >90 µmol in these periods was calculated.

Fluctuations in SUA were then related to self-reported flares during the same 3-month periods year 1, and the whole years 1 and 2.

Results: Age was 56.4 (SD 13.7) years, 95.3% were males, disease duration 76 (SD 76) years.