**Background:** Adherence to treatment has been widely studied, but not adherence to follow-up visits.

**Objectives:** To analyze factors associated to loss for follow-up in patients with gout who attended a programmed follow-up visit to the rheumatology office.

**Methods:** Analysis of data from an inception cohort of patients with gout prospectively followed-up in a university hospital setting. Variables include general data, along with clinical characteristics of gout, comorbidities, treatment and adherence to prescribed urate-lowering therapy (ULT). Those variables associated (p<0.02) in bivariate analysis were included in a multivariate analysis. Patients who did not attend to a visit because they passed were not considered as lost for follow-up.

**Results:** From a series of 1,442 consecutive patients, 354 (24.5%) were lost for follow-up; 219 (15.2%) did not attended because they died between programmed visits. Mean follow-up until lost for follow-up was 32 months vs. 49 months for patients who still remained in active follow-up. Age (older), gender (women), pooled comorbidity (higher), severity of gout (monoarticular), alcohol intake (<15g/day), adherence (MPR> 80%), previous treatment (none), and consultation (primary care), were associated to higher rates of loss for follow-up in bivariate analysis. No association was found between persistence on follow-up and time from onset of gout, presence of tophi, number of flares per year, previous and prescribed ULT.

In multivariate analysis (Table 1), only higher age, higher adherence to prescribed, and consultation from primary care were independently associated to persistence on follow-up. Severity of gout (polyarticular disease) seemed to be also associated to persistence, but lacked statistical significance.

**Conclusion:** In our clinical setting, the profile of patients at higher risk of abandoning prescribed follow-up is that of a younger, poorly adherent, with lower burden of disease and consulting through assistance "short-cut".

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**AB1242**

**GOUT AND VENOUS THROMBOEMBOLISM IN THE US: A NATIONAL PERSPECTIVE**

**Keywords:** Gout, Epidemiology, Cardiovascular disease

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**Background:** Venous thromboembolism (VTE) is a leading cause of preventable death in the USA [1]. Gout has been associated with higher risk of venous thromboembolism [2]. However, there is little nationwide data in the United States (US) on the clinical and economic consequences of of VTE in persons with gout.

**Objectives:** To study venous thromboembolism (VTE) hospitalizations in patients with gout in the United States (US) and estimate their clinical and economic impact.

**Methods:** The National Inpatient Sample (NIS) is a stratified random sample of all US community hospitals designed to produce national estimates of inpatient utilization, cost and outcomes. 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. Unweighted it contains data from around 7 million hospitalizations a year, weighted it estimates around 35 million hospitalizations nationally. We examined all inpatient hospitalizations in the NIS in 2020, the most recent year of available data, with a primary or secondary diagnosis of gout and venous thromboembolism.

**Results:** In 2020, there were 32.4 million all-cause hospitalizations in the US, with 19.7 million occurred in persons 45 years or older. Of these, 78,905 hospitalizations occurred in persons aged 45 years and over with a diagnosis of gout. These people had a mean age of 71.8 years (95% confidence limits 71.7 - 71.9 years) and were more likely to be men (68.4%). Of these, 79,260 hospitalizations (10.1%) also had concomitant diagnosis of venous thromboembolism. As a comparison, only 8.2% of hospitalizations in the general population 45 years or older had a concomitant diagnosis of VTE (p<0.001 compared to persons with gout). Persons with gout and VTE had a mean age of 71.6 years (95% confidence limit 71.4 - 71.8 years) and were mostly men (82.4%). However, hospitalizations in women with gout were more likely to have VTE (11.0%) compared to men (9.7%). The average cost of each hospitalization was $76,373 (95% confidence limit $73,343 - $79,403), with a total annual national cost of $6.1 billion.

**Table 1. Percentage of VTE hospitalizations in Gout versus General population**

<table>
<thead>
<tr>
<th>General population</th>
<th>Gout</th>
<th>Total Hospitalizations Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of VTE Hospitalizations with primary or secondary diagnosis of VTE</td>
<td>People 45 years and over</td>
<td>8.20%</td>
</tr>
<tr>
<td></td>
<td>Men 45 years and over</td>
<td>8.04%</td>
</tr>
<tr>
<td></td>
<td>Women 45 years and over</td>
<td>8.44%</td>
</tr>
<tr>
<td>Age 65 years and older</td>
<td>7.9%</td>
<td>210530</td>
</tr>
<tr>
<td></td>
<td>8.5%</td>
<td>575375</td>
</tr>
</tbody>
</table>

**Conclusion:** One out of 10 hospitalizations in persons with gout have a concomitant diagnosis of VTE, significantly higher than the VTE rate in the general population. This calls for increased awareness and steps to prevent the development of VTE in patients with gout.

**REFERENCES:**


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**AB1243**

**WHICH IS THE MOST APPROPRIATE SONOGRAPHIC DEFINITION FOR ASYMPTOMATIC HYPERURICEMIA WITH MSU CRYSTAL DEPOSITION?**

**Keywords:** Imaging, Gout, Ultrasound

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REFERENCES:


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