

Gout drug may protect against chronic kidney disease

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The drug allopurinol used to manage gout may offer protection against the development of kidney disease, according to a new study.

Traditionally there has been concern from physicians that this medication may increase risk of Chronic Kidney Disease (CKD), despite

a lack of clear data supporting this relationship. As such, many [patients](#) find themselves undertreated, leading to poorer gout outcomes.

Researchers from Boston University School of Medicine (BUSM) utilized The Health Improvement Network (a general practitioner medical records database representative of the United Kingdom's general population) to evaluate [kidney](#) function in gout patients after starting allopurinol.

They found that of the more than 4,000 patients started on full-dose allopurinol for prevention of gout flares, 12.2 percent had developed Stage 3 CKD after an average of five years of treatment, as compared to 13.1 percent of non-users over a similar period. The researchers conclude that the use of allopurinol in the management of gout is not only safe, but also potentially beneficial in reducing risk of [kidney disease](#).

Tuhina Neogi, MD, Ph.D., corresponding author of the study and professor of medicine and epidemiology at BUSM and BU School of Public Health, sees these results as an important step forward in the long-term treatment of gout. "Ultimately, we hope these results will be disseminated to PCPs and internists taking care of patients with gout (since the bulk of patients with gout are managed in primary care) so that [allopurinol](#) is not held or stopped when a patient experiences a creatinine bump," said Neogi, a rheumatologist at Boston Medical Center.

Gout is the most common inflammatory arthritis in the United States (affecting 3.9 percent of Americans, more than eight million adults. Gout flares are caused by the formation of urate crystals within the joints, leading to significant pain and swelling. Allopurinol is the most frequently used medication to manage gout, including the long-term prevention of [gout](#) flares by reducing the amount of urate circulating

through the blood.

These finding appear in *JAMA Internal Medicine*.

Provided by Boston University School of Medicine

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