

Allopurinol dose escalation for gout doesn't improve mortality

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confidence interval, 0.97 to 1.21) and cancer-related deaths (hazard ratio, 1.06; 95 percent confidence interval, 0.88 to 1.27). At two years, 10 percent of dose escalators were receiving a final daily dose of >300 mg and 31 percent had achieved a serum urate goal of

(HealthDay)—Allopurinol dose escalation is not associated with reductions in mortality risk among patients with gout, according to a study published in the August issue of *Arthritis & Rheumatology*.

Brian W. Coburn, Ph.D., from the University of Nebraska Medical Center in Omaha, and colleagues assessed whether [allopurinol](#) dose escalation is associated with cause-specific mortality in patients with gout. The authors performed a 10-year observational, active-comparator study of U.S. veterans with gout who initiated treatment with allopurinol. The study included 6,428 dose escalators and 6,428 matched non-escalators.

The researchers found that there were 2,867 deaths during the observation period. There was an increase in all-cause [mortality](#) among dose escalators (hazard ratio, 1.08; 95 percent [confidence](#) interval, 1.01 to 1.17). Similar effect sizes were seen for incidence of cardiovascular-related deaths (hazard ratio, 1.08; 95 percent

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