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**Prevalence and Risk Factors of Symptomatic Hyperuricemia; Quality of Care of Patients with Hyperuricemia in A University Hospital**

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Abstract

**Objective:** To determine the prevalence and to identify the risk factors of symptomatic hyperuricemia (SHU) and the proportion of patients given advice and treatment of urate lowering agent (ULA) with appropriate indication.

**Material and Method:** One hundred and sixty patients who were new patients at Siriraj Hospital in 2009 with hyperuricemia were reviewed from medical records and collected demographic data, common risk factors of hyperuricemia and management. Patients were excluded if they had previously been diagnosed as SHU, took ULA, or had hematologic malignancy. Logistic regression was applied to explore the risk factors associated with SHU.

**Results:** Seventy-six percent of patients were male; mean (SD) age was 56.5 (14.7) years; mean (SD) of follow-up duration was 14.5 (7.5) months. The prevalence of SHU was 35 (95% confidence interval (CI): 28, 43) %; gout was the most common manifestation and accounted for 89%. The significant risk factors of SHU identified from univariate analysis were male, serum uric acid > 9 mg/dL and renal insufficiency with odds ratio (OR) (95% CI) of 3.7 (1.4-9.5), 4.1 (2.1-8.3) and 2.6 (1.3-5.4), respectively. In multivariate analysis, these variables remained significantly associated with SHU with OR (95% CI) of 3.4 (1.2-9.4), 3.6 (1.7-7.7) and 2.3 (1.0-5.0), respectively. Thirty-one percent of patients were given advice as recorded in medical records which included reducing alcohol drinking (24%), stopping smoking (26%), reducing body weight (13%), performing exercise (10%) and restricting diet (18%). Thirty patients (67%) were prescribed ULA according to the recommended indication.

**Conclusion:** SHU was quite common among hyperuricemia in the university hospital. Male and serum uric acid concentration were associated with SHU while renal insufficiency had a marginal association. Only 31% of patients were given education and 67% of patients treated with allopurinol with appropriate indication. There was an opportunity to improve quality of hyperuricemic care.

**Keywords:** Hyperuricemia, Symptomatic hyperuricemia, Gout, Allopurinol, Quality of gout care, Quality of hyperuricemia care

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