New Therapies Step Up to the Plate for Gout

BY NANCY WALSH
New York Bureau

FORT LAUDERDALE, FLA. — The likely approval of febuxostat for treating gout means there soon will be an alternative for the underserved group of patients with severe disease who cannot tolerate allopurinol.

No new urate-lowering treatments for gout have been approved since 1964, but tolerance allopurinol. However, this may change soon as an alternative treatment is approved.

Experience to date with febuxostat in more than 4,000 patients has shown that, unlike allopurinol, there appears to be no need for dose adjustment in patients with mild to moderate renal dysfunction.

Fibromyalgia Diagnosis, Therapy Vary by Provider

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Rheumatologists and primary care physicians tend to use different diagnostic tests and prescribe different treatments for fibromyalgia syndrome, survey results indicated.

A large fraction of physicians in both groups did not follow the American College of Rheumatology (ACR) 1990 criteria for diagnosing fibromyalgia. Dr. Terence W. Starz and his associates reported in a poster presentation at the annual meeting of the American College of Rheumatology.

“I don’t know what that means,” conceded Dr. Starz, a rheumatologist at the University of Pittsburgh Medical Center. “We’ve got to adhere to criteria” to develop standards of care, he said in an interview.

Questionnaires e-mailed to 199 rheumatologists throughout Pennsylvania and 183 primary care physicians in the Southwestern Pennsylvania area were returned by 74 (37%) of the rheumatologists and 89 (49%) of the primary care physicians.

Rheumatologists were significantly more likely than primary care physicians to test for antinuclear antibody (45, or 61%, compared with 68, or 76%, of primary care physicians). "The two groups reported similar perceptions about the pathophysiology of fibromyalgia. Approximately three-fourths said fibromyalgia is both a medical and psychological condition, less than 20% said it’s solely a medical condition, and less than 10% said it’s solely a psychological condition, judging from the findings in the research, which was recognized as a “notable poster” by ACR."

Nearly all physicians in both groups prescribed exercise and physical therapy to treat fibromyalgia, but their use of other therapies differed significantly.

Cognitive therapy was prescribed by 39 rheumatologists (52%) and 26 primary care physicians (29%). Non-steroidal anti-inflammatory drugs were prescribed by 42 (57%) of the rheumatologists and favored by primary care physicians (75, or 84%). "The data on NSAIDs, though, are not very good for fibromyalgia,” Dr. Starz said.

The primary care physicians also were significantly more likely to use selective serotonin reuptake inhibitors (68, or 76%) compared with rheumatologists (42, or 57%).

"If you lower the urate from 12 mg/dL to 7 or 7.5 mg/dL with allopurinol... all you are doing is retarding the rate at which the crystals will deposit,” he said.

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"The goal of antihyperuricemic therapy is to lower the serum urate to 5-6 mg/dL in patients receiving 80 mg febuxostat per day had serum urate levels below 6 mg/dL after 52 weeks of therapy, compared with 39% of patients receiving 300 mg allopurinol per day (5,5. Engl. J. Med. 2005;353:2450-61)." According to Dr. Wortmann, who is a consultant to Takeda Pharmaceutical Co., the manufacturer of febuxostat, the drug is approved for doses up to 800 mg/day.

Dual-Energy CT Imaging May Play Role in Gout Diagnosis

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Dual-energy computed tomography (DECT) scans identified 440 areas of uric acid deposition, compared with 111 ar eas identified on clinical examination, reported Dr. Alarfaj at the annual meeting of the American College of Rheumatology.

DECT assesses chemical composition and provides specific color-coded displays to differentiate between uric acid (which shows up as red), calcium (blue), and other renal calculi, previous investigators have shown.

"The current proof-of-concept study, in addition to assessing the accuracy of DECT in gout patients, also measured the uric acid burden in peripheral joints and performed a computerized quantification of tophus volume. The volume of uric acid deposits in each anatomic area was measured by automated volume estimation software. The sum of tophus volume in the hands, wrists, elbows, feet, ankles, and knees comprised the total uric acid volume of peripheral joints."

DECT scans identified 440 areas of urate deposition, compared with 111 areas identified on clinical examination, reported Dr. Alarfaj at the annual meeting of the American College of Rheumatology. DECT could be useful in detecting subclinical tophus deposits and the extent of intra- and extra-articular gout, Dr. Alarfaj suggested. Treatment response might be monitored by using DECT to measure both individual tophus volume and total tophus burden.

DECT differentiates uric acid deposits (red) and calcium in bone (blue).