Gout in patients with chronic kidney disease
(December 2010)

The last three references cited were numbered incorrectly in the body of the article El-Za-
wwawy H, Mandell BF. Managing gout: How
is it different in patients with chronic kidney
A corrected version of the relevant section,
which appeared on page 927, is included be-
low. In addition, we failed to mention that Dr.
El-Zaawawy is an Assistant Professor of Medi-
cine at the Charles E. Schmidt College of
Medicine, Florida Atlantic University, Boca
Raton. A corrected version has been posted
on the Journal’s web site.

■ DOES URATE-LOWERING THERAPY
HAVE BENEFITS BEYOND GOUT?

Despite experimental animal data and a
strong epidemiologic association between
hyperuricemia and hypertension,46 metabolic
syndrome, and rates of cardiovascular and all-
cause mortality,37 the evidence from interven-
tional trials so far does not support the routine
use of hypouricemic therapy to prevent these
outcomes.

Similarly, hyperuricemia has long been
associated with renal disease, and there has
been debate as to whether hyperuricemia is a
result of kidney dysfunction or a contributing
factor.46,48–51 A few studies have documented
improvement of renal function after initiation
of hypouricemic therapy.52 However, treating
asymptomatic hyperuricemia to preserve kid-
ney function remains controversial.

A recent study indicates that lowering the
serum urate level with allopurinol can lower
the blood pressure in hyperuricemic adoles-
cents who have newly diagnosed primary hy-
pertension.53 This does not indicate, however,
that initiating hypouricemic therapy in pa-
tients with preexisting, long-standing hyper-
tension will be successful.