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In Metabolic

Hyperuricemia and gout often occur in the context of hypertension and hyperlipidemia. Not infrequently, patients may be intolerant of allopurinol, have hyperuricemia that is sub-optimally controlled by it, or simply may not wish to add another medication to their regimen. Conveniently, a couple of the medications used for hyperlipidemia and hypertension also lower levels of serum uric acid (by enhancing uric acid excretion).

Losartan has been shown to decrease serum levels of uric acid by approximately 10% to 15%, even in patients who are already taking fenofibrate. The 100 mg/d dose does not seem to be more effective than the 50 mg/d dose. This effect is not seen with other angiotensin II receptor blockers. In patients with hypertension, overall benefits may be further multiplied by replacing a thiazide diuretic with losartan.

Fenofibrate has a more potent effect and decreases serum uric acid by 20% to 30%, even in patients with tophaceous gout who are already taking allopurinol. This effect is not seen with gemfibrozil, and niacin is actually contraindicated in patients with gout.

Colchicine would not be a good long-term option in this patient because it could potentially worsen his neuropathy or his bowel symptoms (and would not address the underlying problem of hyperuricemia and urate deposition).

Because losartan and fenofibrate lower serum urate by means of uricosuria, these agents should be avoided in patients with a history of uric acid nephrolithiasis.

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