

Introduction: Hyperuricemia and Gout

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The pathophysiology of gout is well understood, and effective treatments for acute gout and hyperuricemia leading to gout are widely available. Nonetheless, many patients suffer from severe tophaceous gouty arthritis, adverse effects of medications for gout, and inadequate treatment of hyperuricemia. The incidence of gout is rising in both men and women. The diagnosis and treatment of gout are challenging in patients with arthritis, renal and hepatic diseases. Acute gout is usually not difficult to treat, but evidence to guide therapeutic decisions for gout patients with complex medical problems is woefully lacking. Fortunately, new medications for treatment of gout and hyperuricemia are becoming available, and exciting new research is increasing our understanding of the role of hyperuricemia in the pathogenesis of hypertension and cardiovascular disease.

In this issue of *Medicine and Health/Rhode Island* we discuss the epidemiology of gout in women, and review new data regarding the importance of hyperuricemia as a marker and perhaps a causative agent involved in the pathogenesis of the metabolic syndrome. We review the risks and benefits of various treatment options for acute gout and discuss the potential utility of febuxostat, the first new drug approved for treatment of hyperuricemia in 40 years. In addition, we describe ongoing studies of rasburicase and pegloticase which may offer dramatic improvement for patients with severe tophaceous gout.

We hope to share the excitement in the rheumatology community that has been generated by the potential of new therapies and advances in our understanding of gout and hyperuricemia, and to improve the care of all patients with gout.

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The author has no financial interests to disclose.

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