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Gout management as part of secondary cardiovascular prevention: comment on the article by Stamp et al

To the Editor:

The article by Stamp and colleagues (1) contributes to confirming the deleterious role of gout in patients with established cardiovascular (CV) disease. In this study, patients with gout were shown to have a shorter time to readmission, mainly for heart failure, though an increased risk of subsequent myocardial infarction, CV-related death and all-cause death has also been reported (2). Of interest, these poor outcomes occurred despite appropriate CV management. Gout is a disease with variable levels of inflammation (3), driven by the deposition of monosodium urate crystals. Therefore, its negative impact on atherosclerotic disease highlights the potential of managing inflammation as a part of secondary CV prevention, as also suggested by the results of the Canakinumab Antiinflammatory Thrombosis Outcome Study (4).

Some issues about Stamp and colleagues' study should be addressed. The primary explanatory variables—gout and serum urate (SU) levels—were recorded only at baseline, so how gout was managed during follow-up is unknown. The authors remarked that almost all participants classified as having gout were receiving allopurinol, impeding any insights into the CV effects of the drug. Despite this therapy, the mean SU level at baseline was 0.42 mmoles/liter, and 69.4% of patients had SU levels of >0.36 mmoles/liter, the target recommended by the American College of Rheumatology (5). Thus, in the majority of participants with gout in this cohort, the SU level was not at even the most conservative target. Allopurinol doses were not specified in the report, but they appear to not be optimal. In the whole sample, having a lower baseline SU level was significantly associated with reduced mortality and readmissions. No subgroup analysis was performed, probably due to size concerns, even though having the data on those with gout might be informative.

Normalizing SU levels in gout leads to the removal of urate crystals (6,7) and reduction of systemic inflammation (8), which could contribute to secondary (4)—and likely primary—CV prevention. Further studies on CV outcomes in gout patients should aim to include patients receiving proper gout management.

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Georgia abortion law and our commitment to patients

To the Editor:

On May 7, 2019, Georgia, the home of the American College of Rheumatology (ACR), enacted a law that effectively bans abortion in the state. Kentucky, Mississippi, Ohio, Louisiana, Alabama, and Missouri recently passed similar laws.

These laws conflict directly with the most fundamental principles of medical practice in a free society—respect for our patients, responsibility to practice evidence-based medicine in their best interests, and the freedom to do so without political interference. The laws not only challenge and disrespect the autonomy of patients and their physicians, they also threaten patients and physicians with criminal prosecution, up to and including prosecution for murder. Among its provisions, the Georgia law even allows the state to investigate women who miscarry to determine whether their personal behavior contributed to the miscarriage, in which case they may be prosecuted.

In opposing these laws, we are keenly aware that health care professionals, like the rest of the country, have diverse personal beliefs regarding abortion. However, those personal beliefs need not undermine a principle that should be common to all of us—that politicians should not interfere in medical decision-making and certainly should not threaten physicians and patients who do not align with their partisan political agenda. There should be no doubt about that principle, no matter which end of the political spectrum is involved.

Rheumatologists are trained for, and trusted with, providing expert care of women impacted by disorders of the immune system, including some that are particularly notable for complications during pregnancy. These complications typically occur well past the 6-week time frame defined by these so-called heartbeat laws. Patients with autoimmune rheumatologic disorders require vigilance and shared decision-making among patient, rheumatologist, and obstetrician when complications arise, often acutely and requiring immediate decisions on management in the best interest of the patient.

When we embarked on careers in medicine, we committed to honor patient well-being as the first principle that must guide our actions. We believe that this oath obligates us not only to serve our patients, but also to publicly oppose any law or regulation that would interfere with our ability to do so. We are aware that the ACR has acknowledged the recent anti-abortion legislation and released a general statement of principle (Advocacy News: ACR and Anti-Abortion Legislation; https://www.rheumatology.org/Advocacy/Advocacy-News). However, the ACR Board of Directors did not directly express opposition to these laws, including the law in Georgia, where the ACR resides. We hope that the ACR will reconsider that decision, and, in the future, will publicly oppose all laws that allow politics to interfere in the practice of medicine.

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