



## 2. COMORBIDITIES IN GOUT

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**Introduction.** Gout is a member of the microcrystalline arthritis group characterized by musculoskeletal involvement and is also associated with a high incidence of comorbidities. Serum urate concentrations in patients with gout vary with age, risk factors and gender. Gout increases the incidence of obesity, chronic kidney disease, hypertension, type 2 diabetes, dyslipidemia, heart disease and peripheral arterial disease. Comorbidities should be considered in gout, as they may contribute to worsening the prognosis of patients with gout and complicate its treatment. Comorbidities also interfere with the use of urate-lowering drugs to treat gout.

**Aim of study.** Assessment of comorbidities and the course of the diseases of gout.

**Methods and materials.** A retrospective study was performed, analyzing 100 medical records of patients diagnosed with gout (according to EULAR and American College of Rheumatology (ACR) 2015 criteria), hospitalized in Nephrology, Rheumatology and Arthrology Department of the Timofei Mosneaga Republican Clinical Hospital during 2017-2023. Patients were investigated clinically, laboratory and instrumentally.

**Results.** There were included 100 patients in the study: males 50 (50%), females 50 (50%). The age of patients between 41 and 78 years, average age  $59,5 \pm 1$  years. According to disease progression: acute gout was detected in 16 patients (16%), chronic gout in 84 patients (84%). According to comorbid pathologies, the following pathologies were determined in the studied group, among which hypertension in 74 patients (74%), ischemic heart disease in 61 patients (61%), chronic tubulointerstitial nephropathy in 53 patients (53%) and/or nephrolithiasis in 33 patients (33%), dyslipidemias in 49 patients (49%); obesity in 46 patients (46%), hepatic steatosis (with USG signs) in 38 patients (38%), type 2 diabetes in 18 patients (18%). After the distribution of the nosological units in the category of comorbid pathologies in the examined patients according to sex, the statistically significant difference is observed after two pathologies: obesity which is present in women 29 (58%) more frequently than in men 17 (34%), but the presence of nephrolithiasis more often observed in men – 44%, and in women – 22%. Outpatient treatment administered by patients: allopurinol 47 patients (47%), anti-inflammatory- nonsteroidal 91 patients (91%), colchicine 14 patients (14%), glucocorticosteroid 39 patients (39%), febuxostat 36 patients (36%), acetylsalicylic acid 32 patients (32%), diuretics 15 patients (15%).

**Conclusion.** In gout, comorbidities play an important role in the development of complications associated with premature death of the patient. For the timely treatment of these patients, a comprehensive examination and proper selection of treatment, taking into account risk factors, is necessary.