Japanese Guideline for the management of hyperuricemia and gout
(2nd edition)

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Gout is a syndrome including acute arthritis, tophi, renal impairment and urinary stones caused by urate deposition with persistent hyperuricemia. Though the incidence of gout and hyperuricemia has been globally increased, there was no internationally-agreed treatment guideline. Japanese Society of Gout and Nucleic Acid Metabolism published "Guideline for the management of hyperuricemia and gout" in 2002, and by increasing evidences in this field, we have revised the guideline and published in January 2010. Revision of the guideline was based on the AGREE guideline, extensive systematic literature review was conducted, and the draft guideline was modified by public opinion including a patient with gout.

This guideline defined hyperuricemia in two definitions, hyperuricemia as a cause of urate deposition disease, and hyperuricemia as a marker of metabolic syndromes.

Gouty attacks are more likely to occur when serum urate level (sUA) persists over 7.0 mg/dL. Incidence of recurrent gouty attacks, however, was reduced below 20% when sUA is maintained under 6.0 mg/dL. Thus patients with hyperuricemia should be treated to target sUA under 6.0 mg/dL. As it is known that the risk of lifestyle-related diseases increases as elevation of sUA, treatment with urate-lowering drugs should be considered if concomitant diseases including renal impairment, hypertension, CVD, metabolic disease exist in hyperuricemia patients even without gouty attacks.

In this lecture, current views on the management of gout and hyperuricemia using this Japanese guideline will be discussed.