

Some Gout Patients Need More Allopurinol

BY AMY ROTHMAN SCHONFELD

PHILADELPHIA — Increasing the dose of allopurinol above the recommended dose can lower serum urate to target levels in gout patients who do not respond to recommended doses, said Dr. Lisa Stamp, who presented her results at the annual meeting of the American College of Rheumatology.

“My current recommendation is to

first get the patient to the current recommended dose for at least 1 month before a dose increase. If that does not work, consider increasing the dose,” said Dr. Stamp, a rheumatologist at the University of Otago, Dunedin, New Zealand.

Dr. Stamp and her colleagues enrolled 90 patients with gout who were on stable doses of allopurinol for at least 1 month (mean age, 58 years; 88% male). After the initial visit, 52 were found to

have serum uric acid levels greater than 6 mg/dL. Of those, seven received lower-than-recommended allopurinol doses, as defined by the Hande criteria based on creatinine clearance.

Allopurinol dosage was increased above the recommended range for 45 patients in 50- to 100-mg increments per month until they reached target serum uric acid levels. Of 36 patients who completed the entire 12-month study period, 85% (31

patients) achieved serum uric acid levels less than or equal to 6 mg/dL at the 12-month end point. In all, 6 of the 45 patients were lost to follow-up, and 3 discontinued because they developed a rash. No other serious allopurinol-related adverse events were reported, including no reports of hypersensitivity syndrome, renal stones, or impaired liver function.

Dr. Stamp disclosed a relationship with Wyeth Pharmaceuticals. ■

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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Humalog

insulin lispro injection (rDNA origin)