中文題目：Febuxostat 及 Allopurinol 在末期腎病變接受血液透析的痛風患者中的心血管安全性

英文題目：Cardiovascular Safety of Febuxostat or Allopurinol in Patients with Gout and End Stage Renal Disease on Maintenance Hemodialysis

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Background: The published results of CARES trial revealed that in general population with gout and major cardiovascular coexisting conditions, febuxostat was noninferior to allopurinol with respect to rates of adverse cardiovascular events. All-cause mortality and cardiovascular mortality were even higher with febuxostat than with allopurinol. However, the comparative effects of febuxostat versus allopurinol on the risks of all-cause and cardiovascular mortality in specific fragile groups such as hemodialysis patientsremains unclear.

Method: The records of inpatients and outpatients with gout and ESRD on hemodiaysis taking febuxostat or allopurinol were retrieved from the Taipei Veterans General Hospital. All subjects were followed up from the date that febuxostat or allopurinol was first prescribed until death, loss to follow-up or end of the study, December 2018.

Results: In our study, 2028 patients on hemodialysis from 2012 to 2018 were enrolled. The febuxostat users had similar rate of all-cause mortality compared with allopurinol users (hazard ratio [HR] 1.07, 95% confidence interval [CI], 0.89–1.28). Several cardiovascular adverse events were higher in the febuxostat usres compared to allopurinolusers, including systemic emboli (HR 1.47, 95% CI, 1.07–2.03), peripheral artery occlusive disease (HR 3.00, 95% CI, 1.48–6.09), heart failure (HR 1.94, 95% CI, 1.64–2.31), and hemorrhagic stroke (HR 1.78, 95% CI, 1.07–2.97).

Conclusions: In patients on hemodialysiswith gout, all-cause mortality was similar in the febuxostat or allopurinol group. However, major adverse cardiac events including systemic emboli, peripheral artery occlusive disease, heart failure and hemorrhagic stroke were higher in febuxostat users than allopurinol users.