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Should We Look for Gout in the Cardiology Clinic?

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Johnson:

This is CME on ReachMD. I'm Dr. Richard Johnson, and here with me today is Dr. Brittany Weber, a preventive cardiologist at the Brigham and Women's Hospital.

Brittany, how can gout predispose to heart disease, and how can we better help our patients?

Dr. Weber:

Well, thank you so much, Dr. Johnson, for such an important question. And so first, you know, I think we need to recognize the importance of gout as an independent risk factor for cardiovascular disease. We know that from epidemiologic studies, both retrospective as well as prospective studies moving forward, that patients with gout have an increased risk of cardiovascular disease. In fact, studies have shown that gout itself is an independent risk factor for subsequent all-cause mortality in patients that are admitted with cardiovascular disease. Thus, as a cardiologist, active screening for gout could allow us to detect patients at this higher risk and help us tailor patient management to decrease this cardiovascular burden. Ways for us to decrease this cardiovascular burden would be to not only treat active gout, but also treat those identified risk factors. Thus, for me, I believe early screening is dramatically important because we have effective therapies to treat gout, and thus we can mitigate this excess risk by the early recognition and detection. And this awareness needs to come from the broad community, which is why I'm so excited about these efforts. We need primary care, cardiology, and the subspecialties that sees these patients to be aware of this excess risk and be implementing screening methods. Patient awareness in all this is also key.

Lastly, and to your question, it's also very important that we understand the biomarkers that associate with this excess risk. In my clinic, in cardio-rheumatology, every single patient, in addition to their lipid panel, they get a high-sensitivity CRP [C-reactive protein]. We have ample data of the clear increased risk associated with the systemic inflammation and cardiovascular risk, and importantly, we now have effective pharmacotherapies. When we talk about the gout patient population, we need to understand the importance of measuring serum uric acid and particularly treating it in these patients and also be thinking about how we could be implementing these biomarkers in a larger population in the future.

Dr. Johnson:

For sure, gout is a systemic inflammatory disease. I agree with you completely. The crystals in the joints cause local inflammation, but it's also associated with systemic inflammation and elevated CRP, or high-sensitivity C-reactive protein.

Dr. Weber:

Absolutely.

Dr. Johnson:

Inflammation is a really critical driver of heart disease. It's fairly easy to understand how gout can drive heart disease, and there's data that crystals, urate crystals, may not just be in the joints, but they can even be in blood vessels and particularly in atherosclerotic plaque.

And do you guys do DECT scans, or dual-energy CT scans, to look for urate crystals?

Dr. Weber:

It's a wonderful question and, no, we do not. I do a lot of coronary CT research myself in patients with inflammatory diseases, and we need to better develop these technologies so we can get that science out there so we can then start implementing. We have these technologies, each independently available, but understanding all the technicalities of actually how we can get them into screening, clinical practice, I do see as kind of the next wave front.

Thank you so much, Dr. Johnson, and thank you to the audience for taking a listen to a very important topic.

Dr. Johnson:

Well, thank you, Brittany. This has been a brief but great discussion, and thanks to everyone for tuning in.

Announcer:

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