HYPERURICEMIA: TREAT OR NOT TO TREAT

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About two-thirds or more hyperuricemic individuals will remain asymptomatic for life. Hyperuricemia itself is not a disease, but persistent asymptomatic hyperuricemia imparts risks for the development of urate or uric acid crystal deposition-related clinical events such as gout, uric acid nephrolithiasis and urate nephropathy. The risk of gout and urolithiasis is elevated with increasing degrees of hyperuricemia and hyperuricosuria, respectively. However, tophus formation, uric acid urolithiasis, and chronic urate nephropathy are relatively infrequent occurrences even in individuals with longstanding hyperuricemia. With the exception of acute uric acid nephropathy, the initial clinical manifestations of urate or uric acid crystal deposition are readily treatable. Hyperuricemia is clearly associated with hypertension, chronic kidney disease (CKD), cardiovascular disease, and components of the metabolic syndrome but has not been established as a causal factor in any of these disorders. There are a few specific circumstances warrant at least consideration for the institution of antihyperuricemic treatment in asymptomatic subjects.

Keywords: Asymptomatic hyperuricemia, Gout and urate crystal deposition, Uric acid nephrolithiasis

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