Prevalence of asymptomatic hyper-uricemia in adult patients attending a peripheral community health centre of Kashmir

Authors

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Abstract

Introduction: Hyperuricemia is usually defined as a serum urate (SU) level > 7mg/dL in men and >6mg/dL in women. Its prevalence is around 15-18% in general population. Hyper-uricemic patients are usually classified as overproducers (10%) and as under excretors caused due to inefficient excretion by the kidneys (90%). SU levels may also increase with aging and weight gain.

Objectives: To estimate the prevalence of asymptomatic hyper-uricemia and non-communicable diseases in adult patients visiting a peripheral Community Health centre in Kashmir. Methodology: This study was conducted in a peripheral Community health centre of Kashmir valley. The study was carried out over 6 months in adult patients of 18yrs or more visiting to hospital for any ailment other than symptomatic hyper-uricemia. A total of 1050 patients were included in the study which included 425 men and 625 women.

Results and Observation: The prevalence of hyper-uricemia was 30.1% in men and 15.7% in women. The mean age of the study subjects was 44.7 in males and 41.5 yrs in females. Hypertension was present in 25.4% of men and 24.5% of women, diabetes in 7.5% of men and 11.4% of women of the total study group. History of smoking was present in 40% of men and 0.3% of women and hypothyroidism in 7.8% of men and 9.5% of women.

Conclusion: Hyper-uricemia is very frequent in Kashmir valley with men outnumbering women. This high prevalence could be related to genetics and high red meat consumption. Hyper-uricemia has high correlation with the various components of the metabolic syndrome. Considering this association more emphasis should be put on hyper-uricemia.

Keywords: Qazigund, Hyper-Uricemia, Overproducers.
Majority of patients (75%) with hyperuricemia remain asymptomatic, and do not need treatment. The prevalence of the hyper-uricemia is predicted by genetic factors, dietary factors, sex, age and co-morbidities. Men have a greater risk of developing gout than women in all age groups, although the sex ratio tends to equalize with advancing age. In the National Health and Nutrition Examination Survey III, the overall men: women ratio ranged between 7:1 and 9:1. Young children of both sexes have equally low urate levels, but among adults, men have higher SU levels than women.

Objectives
1. To estimate the prevalence of asymptomatic hyperuricemia in adult patients visiting a peripheral Community Health centre in Kashmir.
2. To estimate the prevalence of non-communicable diseases in adult patients visiting a peripheral Community Health centre in Kashmir.

Methodology
Study design: A cross-sectional study.
Study period: 4 months, from 1st October 2018 to 31st January 2019.

Inclusion criteria
1. All the patients visiting the health-centre during the study period after giving informed consent.
2. Patients having age more than 18 years.

Exclusion criteria
1. Patients having gouty arthritis.
2. Patients taking uric acid lowering drugs.

This study was conducted at Community Health Centre (Emergency Hospital) Qazigund which is located in the south of Kashmir valley. The study was carried out over a period of 4 months in adult patients visiting to hospital for any ailment other than symptomatic hyper-uricemia. The serum levels of uric acid were measured in patients after doing physical examination including measurement of blood pressure and Body Mass Index (BMI). Values of uric acid above the 75th percentile (i.e. >7mg/dL for men and >6mg/dL for women) were defined as high. A total of 1050 patients were included in the study after taking informed consent from them. The study population included 425 men and 625 women.

Observations and Results
The characteristics of the participants are presented in Table 1 and Table 2. As shown in table 1, serum uric acid levels were significantly higher in men than in women. The mean age of the study subjects was 44.7 in males and 41.5 yrs in females.

Table 1: Distribution of continuous variables among study subjects:

| Variable          | Unit     | Men (n = 425) | Women (n =625) |
|-------------------|----------|--------------|----------------|
|                   | Minimum | Maximum      | Mean           | Minimum | Maximum      | Mean           |
| Serum uric acid   | mg/dl    | 3.9-11.2     | 6.8            | 4.0-9.4  | 5.3           |
| Age               | Years    | 21-73        | 44.7           | 19-72   | 41.5          |
| Systolic BP       | mmHg     | 92-186       | 128.6          | 88-180  | 119.3         |
| Diastolic BP      | mmHg     | 66-120       | 88.8           | 60-116  | 86.3          |
| Body mass index   | kg/m²    | 17.2-31.4    | 23.2           | 18.4-34.1| 26.5          |

The mean serum uric acid level among men was 6.8 mg/dl and among women was 5.3 mg/dl.
Table 2: Distribution of dichotomous variables among study subjects:

| Co-morbidity                  | Men (n = 425) | Women (n = 625) | Total (n = 1050) |
|-------------------------------|---------------|-----------------|------------------|
|                               | Number | % age | Number | % age | Number | % age |
| Hypothyroidism on treatment   | 33     | 7.8   | 59     | 9.5   | 92     | 8.8   |
| Smoking                       | 157    | 40    | 02     | 0.3   | 159    | 15.1  |
| Treatment for hypertension    | 108    | 25.4  | 153    | 24.5  | 261    | 24.9  |
| History of diabetes           | 32     | 7.5   | 71     | 11.4  | 103    | 9.8   |

Out of the co-morbidities hypertension was most prevalent among study subjects (25%) followed by smoking and diabetes.

Discussion

When using the commonly accepted cut-off values for serum uric acid levels, i.e. a serum uric acid >7mg/dL in men and >6mg/dL in women, the prevalence of hyperuricemia was found to be 30.1% in men and 15.7% in women. We found that serum uric acid levels were higher in men than in women as was the prevalence of hyperuricemia. We also found that uric acid levels in women increased above the age of 50 years. These sex differences of serum uric acid levels and the increase after the menopause in females have been reported previously and attributed to the influence of sexual hormones. This high level of serum uric acid levels could be a result of high consumption of red meat which is very prevalent in Kashmir Valley. Also genetic factors may also be responsible.

Diabetes was present in 7.5% of men and 11.4% of women with an overall prevalence of 9.8%. This is almost same as the worldwide prevalence. Hypertension was present in 25.4% of men and 24.5% of women. History of smoking was present in 40% of men and 0.3% of women among study population and hypothyroidism in 7.8% of men and 9.5% of women. Significant correlations were found between serum uric acid level and BMI and also between serum uric acid level and blood pressure, in both men and women. Several possible pathophysiological mechanisms have been described to explain these associations including insulin resistance, the use of diuretics or impaired renal function accompanying hypertension.

Conclusion

Hyperuricemia is very frequent in Kashmir Valley. This high prevalence could be related to genetic factors and high red meat consumption. Hyperuricemia has strong correlation with the various components of the metabolic syndrome like BMI and hypertension. Considering this association more emphasis should be put on the study of hyperuricemia and the lifestyle measures to decrease it.

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