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Febuxostat

A Viewpoint by N. Lawrence Edwards

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Great excitement surrounds the approval of febuxostat for the treatment of hyperuricaemia and gout. It is the first new form of urate-lowering therapy (ULT) approved in more than 40 years. This has focused attention on how inadequate our efforts have been to manage all stages of gout and prevent progression to advanced (tophaceous) gout. Most shortcomings in the use of our current anti-gout drugs are due to poor understanding of these therapies by healthcare providers, a lack of practical guidelines and an almost complete failure in preparing our patients for a lifetime course of ULT.

A surprising deficit in our understanding of currently available therapy centres around the effectiveness of dose escalation of allopurinol beyond 300 mg/day to achieve a target serum uric acid (sUA) level <6.0 mg/dL. The authors of the accompanying Drug Profile[1] point to a lack of allopurinol dose escalation as a flaw in the study design comparing febuxostat and allopurinol. This study and other recent trials have pointed out the disappointing efficiency at which allopurinol in 'standard doses' lowers sUA to this targeted level.[2] Despite 40 years' experience with allopurinol, we do not know how the risk : benefit ratio will be affected by continuing to raise allopurinol doses to optimize urate lowering. Fixing the dose of allopurinol in the febuxostat control trials may not have been the optimal design, but it does reflect how allopurinol is used in the US. It is rare for primary care physicians to use doses of allopurinol above 300 mg/day. If through education, we can convince healthcare providers to seek a dose of ULT that will produce an sUA <6.0 mg/dL, will we be introducing new toxicity with our old therapies? We can only speculate about that at this time.

At present, we should be delighted at the potential availability of a new form of ULT. The data presented in this review suggest that febuxostat is an effective and relatively safe form of therapy that may help patients with gout whose condition is not adequately controlled by allopurinol. ▲

References

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2. Perez-Ruiz F, Alonso-Ruiz A, Calabozo M, et al. Efficacy of allopurinol and benzbromarone for the control of hyperuricaemia: a pathogenic approach to the treatment of primary gout. Ann Rheum Dis 1998 Sep; 57: 545-9