

ABSTRACT

Objective: To find an association between Hyperuricemia and Hypertension in patients presenting in outpatients department for regular check-up.

Study design and Setting: Case Control Study design conducted at Pak Emirates Military Hospital Rawalpindi (PEMH), Medical Outpatient department (OPD) from 4th Feb, 2017 to 4th Aug, 2017.

Methodology: A total of 200 patients, with 100 cases and 100 controls fulfilling the selection criteria were included in the study, which were selected from Medical OPD of PEMH. An informed written consent was taken. The Demographic such as age, gender were obtained. Veriable upon selection into study group, the blood samples were taken and two groups of patients were made on the basis of normal or raised uric acid levels. The Serum Uric Acid (SUA) was measured in the patients. Then blood pressure was measured by using sphygmomanometer by researchers themselves. If BP level was >140/90mmHg on 2 separate occasions, or patient is already a known case of hypertension, then hypertension was labeled.

Results: The mean age (years) in the study was 54.79 ± 8.96. There were 136 (68%) male and 64 (32%) female patients. The frequency and percentage of hypertension in cases and control groups was (84%) and (41%) patients respectively which was statistically significant with a p-value of 0.000. The Odds ratio was found to be 7.55.

Conclusion: It was concluded that there was an association found between Hyperuricemia and Hypertension.

Key words: Hypertension, Hyperuricemia, Uric Acid.

INTRODUCTION:

The hypertension is very much prevalent and it affects approximately one-third of world population and is one of the common cause of death and disability. The cause of hypertension is not known in most of the patients, SUA(serum uric acid) has been thought to activate the renin – angiotensin system, which results in damage to prerenal blood vessels. Recently, a new study has shown that the mild hyperuricemia induces the arteriopathy and hypertension and this has brought renewed interest into this hypothesis.

The global prevalence of hypertension in adults is around 40%. SUA is produced as result of a catabolism of normal purine, which is excreted mostly in urine but also through the gastrointestinal tract. Many studies have shown SUA concentrations >7 mg/dL is an independent and one of the other major risk factor associated with hypertension, a reduction in SUA is associated with lowering BP. The mean uric acid levels and number of hyperuricemic subjects were found to be significantly higher in hypertensive cases than normotensive controls. In a study conducted by Redon and colleagues on patients from European countries showed that 25% of population had hyperuricemia. It was associated with greater prevalence of metabolic syndrome, diabetes mellitus, rate of uncontrolled hypertension in these patients. In a study conducted by Xiaoyun Lin et al in China concluded that, in males, hyperuricemia was an independent risk factor of hypertension with an adjusted OR of 1.131. The hyperuricemia was also associated with post partum hypertension as concluded by Caraline C. Mars and colleagues with OR of 2.44. The younger individuals and women are at higher risk as compared to others. In one of study in 2011, among cases of hyperuricemia, the frequency of hypertension was 36.6% and among patients of normal serum uric acid level was 18.8%. The difference was found to be significant (P<0.01). Similarly NHANES 2009-2012 study has found that among cases of hyperuricemia, the frequency of hypertension was 38% while among patients of normal serum uric acid level was 20%. The difference was found to be significant.
METHODOLOGY:

This was a case control study done in Medical OPD of PEMH Rawalpindi, from 4th Feb, 2017 to 4th Aug, 2017 with a sample size of 200 cases: 100 cases and 100 controls. The sample size was calculated using 80% as power of test, with level of significance 5% and taking 18.8% as prevalence of hypertension in patients without hyperuricemia and 36.6% in those patients who were having hyperuricemia. The cases were selected by non-probability, consecutive sampling technique. An Informed written consent was taken. The Patients with age between 35 to 70 years of either gender, presenting in OPD for regular checkup as follow up cases of various diseases (after applying exclusion criteria) were considered for selection. The patients taking drugs such as thiazide & loop diuretics, pyrazinamide, Cytotoxic drugs and those Patients with CKD, eclampsia, lymphoma, leukemia were excluded from the study. The demographic variables as age, gender were obtained.

From recruited patients, the blood samples were taken to determine the serum uric acid levels. After obtaining lab results patients were categorized as cases (those with hyperuricemia) and controls(those with normal serum uric acid levels), using the upper limit of normal range for both genders as cut off for hyperuricemia i.e > 7.4mg/dl for males and > 5.8mg/dl for females. Then blood pressure was measured by using sphygmomanometer by researchers themselves. If BP level was >140/90mmHg on 2 separate occasions, or patient is already diagnosed case of hypertension on anti hypertensive therapy, then hypertension was labeled.

The Data analyzed in SPSS version 20. The descriptive statistics was calculated for both qualitative and quantitative variables. The quantitative variables like age, blood pressure were analyzed as mean and standard deviation. The qualitative variables such as gender and hypertension were presented as frequency and percentage. The Chi square test was applied to compare hypertension between 2 groups and the Odd ratio was calculated. The effect modifiers such as gender, Diabetes, age, dyslipidemia, History of Ischemic heart disease were controlled by stratification. P-value < 0.05 was taken as statistically significant.

RESULTS:

A total of 200 patients were enrolled in of the study protocol applying the strict inclusion and exclusion criteria. The two groups of patients were made randomly. The cases consist of those patients who were found to have hyperuricemia whereas patients in control group were without hyperuricemia (normal serum uric acid level). There were 136 (68%) male and 64 (32%) female patients in our study, as shown in chart No. 01. The Mean age (years) in the study was 54.79±8.96 with ranges from 35 to 70 years.

The descriptive statistics blood pressure was measured twice time. The mean systolic Blood pressure in mmHg at 1st and 2nd reading was 136.75±16.20 and 136.17±16.02 respectively whereas mean diastolic Blood pressure in mmHg at 1st and 2nd reading was 86.32±9.71 and 85.50±8.73, as shown in Table No. 01.

The Frequency of hypertension in the study was 125 (62.5%) whereas 75 (37.5%) patient were without hypertension, as shown in Table No. 02

The objective was to find out the association between hyperuricemia and hypertension in patients presenting in outpatients department for regular check-up. The Frequency and Percentage of hypertension in both the groups was 84 (84%) and 41 (41%) patients respectively. The Chi Square test was used to compare hypertension in both the groups. The P value and odds ratio, as shown in Table No. 03

DISCUSSION:

The global prevalence of hypertension in adults 25 years and above was around 26-4% and this figure is estimated to increase to about 60% to a total number 1.5 billion in year 2025. In a study conducted in Japan, 43 million individuals were estimated to have high blood pressure with male and female prevalence of 60% and 45% respectively.
Yokokawa et al, Hyperuricemia was 1.79 times more common in hypertensive patients with Odds ratio of 7.55. In a study done by There was a strong association between hyperuricemia and non-hypertensive patients, which were hypertensive while only 41% without hyperuricemia had increased blood pressure.

Our study result showed that there were 84% of patients with hypertension and hyperuricemia, which were hypertensive while only 37.5% in our study population was 7.55. In research done by Poudel et al, the mean SUA levels and number of patients with hyperuricemia was, significantly higher in hypertensive group, than those without hypertension. Shrivastav et al showed that the mean SUA levels and hyperuricemic patients were significantly higher in newly diagnosed cases of essential hypertension as compared to prehypertensive or normotensive controls. In our study, percentage of hypertension in patients with hyperuricemia was 84% and without hyperuricemia, it was 41% respectively. In a study in Pakistan, that the SUA levels were significantly increased in patients with hypertension (6.51 ± 1.45 mg/dl) than those without hypertension (4.72 ± 1.83 mg/dl). Shrivastav et al, the prevalence of hyperuricemia was found to about 66% in hypertensive patients, while it was 84% in our study. Therefore, blood pressure should be monitored regularly in patients with hyperuricemia or gout. Patients with Hypertension should be monitored for increased serum uric acid levels. This will help us treat raised uric acid levels to reduce the burden of cardiovascular diseases.

**CONCLUSION:**

It was concluded that the association was found between Hyperuricemia and Hypertension.

**REFERENCES:**


