

Drs. Marasini and Massarotti reply

To the Editor:

The hypothesis suggested by Day and colleagues, consistent with recent data on the relationship between adipose tissue, inflammation, and the renin-angiotensin system (RAS), is relevant and deserves attention¹. However, data on uric acid excretion and serum urate concentrations and the effects brought about by different RAS-blocking drugs are controversial^{2,3}.

RAS blockade is probably the best therapeutic strategy for patients who are overweight and hypertensive, but because it is associated with a reduced risk of new-onset diabetes, clinical trials are now needed to ascertain (1) if RAS blockade can reduce the risk of gout; (2) if the reduced risk applies to every hyperuricemic subject or only obese subjects; and (3) if the usefulness in reducing urate concentration is limited to certain RAS-blocking drugs or to certain patients of a particular genetic background.

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