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Dr. Elfishawi, *et al* reply

To the Editor:

We thank Huang and colleagues[1] for their interest in our study on the changes in the presentation of incident gout and the risk of subsequent flare[1]. We reported changes over time in gout presentation with podagra becoming less frequent, whereas hyperuricemia and chronic kidney disease were predictors of future flares[2].

Our group previously reported the risk of in-hospital flares in patients with incident gout, where we reported a 10-fold increase in gout flares during hospitalization[3]. In that analysis, discontinuation of urate-lowering therapy (ULT) was not significantly associated with increased risk of in-hospital flare (OR 0.86; 95% CI 0.11-6.83).

Huang and colleagues have reported an increased risk of flares in the postdischarge period when ULT was discontinued in their patient population[1]. These findings augment our prior study of hospitalized patients with gout in showing that not only is the risk of flares increased during the hospital stay, but the increased risk may extend to the posthospitalization period and up to 3 months after discharge. Increasing awareness about the effect of discontinuing ULT among general practitioners and internists is of great importance to avoid preventable flares in patients with gout[4].

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