Body k zapamatování

Kolektiv českých a slovenských odborníků připravil v roce 2024 expertní konsenzus pro diagnostiku a léčbu zvýšené hladiny kyseliny močové u pacientů se zvýšeným kardiovaskulárním rizikem, který lze shrnout v následujících bodech:

- Hyperurikemie představuje KV rizikový faktor.
- U pacientů s hypertenzí, diabetem, dyslipidemií, CKD, kumulací KV rizikových faktorů či KV onemocněním je třeba stanovit hladinu KM a při zjištěné hyperurikemii také index sKM/sCR.
- V prevenci KV rizika je třeba zahájit intervenci při hodnotách indexu sKMµmol/l/sCrµmol/l ≥ 3,6. Ten identifikuje pacienty s HU v důsledku zvýšené produkce KM, která je spojena se zvýšeným KV rizikem.
- Pacienty je třeba edukovat o rizicích spojených s HU a o úpravě životního stylu (omezení konzumace fruktózy (slazené nápoje), vnitřností, mořských plodů, alkoholu, udržování zdravé tělesné hmotnosti a dostatečné hydratace).
- Léčba je vedena k cílovým hladinám KM < 360 µmol/l u mužů a < 300 µmol/l u žen. Poklesy koncentrace KM pod 250 umol/l nejsou pravděpodobně spojeny s benefitem.
- Terapií 1. volby je inhibitor XO alopurinol, který se podává v postupně titrovaných dávkách obvykle v rozmezí od 100 do 300 mg/den. Do dosažení cílové hladiny KM jsou vhodné kontroly po 4–6 týdnech.
- Léčba má pokračovat i po dosažení cílové hladiny KM při pravidelném monitorování 2× ročně.
- Léčba hyperurikemie vyžaduje mezioborový přístup.

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