The safety and efficacy of benzbromarone in gout

Benzbromarone is a potent uricosuric but is not widely available due to concerns about hepatotoxicity. In Aotearoa New Zealand, benzbromarone has been available since April 2013, subject to funding restrictions, for patients with inadequate urate-lowering response or intolerance to allopurinol and probenecid.

This multi-centre study was undertaken to review the safety and efficacy of benzbromarone in New Zealand. All patients who received funding for benzbromarone from 1 April 2013 to 30 September 2014 were identified. Prescribers were sent a questionnaire for each individual. Information on demographics, efficacy of previous urate-lowering drugs and reasons for discontinuation were collected. Information concerning dosage, effect on serum urate levels, adverse effects and liver function tests was recorded.

Data was available on 123 patients. The median dose of benzbromarone used was 100mgms/day. After six months treatment their urate levels were satisfactorily lowered. Adverse events included rash (4), diarrhoea (9), nausea (6) and urate stones in three. Liver function test abnormalities were uncommon and tended to be mild. Fourteen patient deaths were noted but none were considered to be related to the treatment.

The researchers concluded that benzbromarone provides useful urate-lowering efficacy and does not appear unsafe in patients with gout. Urate-lowering therapy prescribing requires further optimisation.

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Early, goal-directed mobilisation in the surgical intensive care unit: a randomised controlled trial

Muscle weakness is as common as arterial hypotension in the surgical intensive care unit (SICU), and is predictive of adverse outcomes in critically ill patients. Hence this trial, which tested whether early mobilisation leads to improved mobility, decreased SICU length of stay and increased functional independence of patients at hospital discharge.

Two hundred eligible patients who had been mechanically ventilated for <48 hours and were expected to require ventilation for ≥24 hours were randomly assigned to receive standard treatment or early mobilisation.

No serious adverse events were seen in the early mobilisation cohort. It was shown that early, goal-directed mobilisation improved patient mobilisation throughout SICU admission, shortened patient length of stay in the SICU and improved patients' functional mobility at hospital discharge.

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Intensive blood-pressure lowering in patients with acute cerebral haemorrhage

An acute hypertensive response in patients with intracerebral haemorrhage is common and may be associated with haematoma expansion and increased mortality.

This study was designed to elucidate whether intensive blood pressure (BP) lowering produced better outcomes than more modest BP lowering in these patients. One thousand appropriate patients were allocated to either intensive BP lowering to 110–139mm Hg or the more modest standard treatment to 140–179mm Hg. The primary outcome of death or disability was observed in 38.7% of the intensive group and in 37.7% of the standard treatment group. Adverse effects were similar in both groups except for renal adverse effects, which were significantly worse in the intensive treatment group.

The treatment of participants with intracerebral haemorrhage to achieve a target systolic blood pressure of 110–139mm Hg did not result in a lower rate of death or disability than standard reduction to a target of 140–179mm Hg.

N Engl J Med 2016; 375: 1033–43

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http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1447-16-december-2016/7112