

Title: Is Allopurinol Effective in Chronic Kidney Disease Progression?

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Abstract

Background: Hyperuricemia is common in approximately 50% of patients with renal failure due to decreased uric acid excretion and it has been recently known as an independent factor in the progression of renal insuficiency. Allopurinol inhibits the production of uric acid. The aim of this study is to evaluate the effect of allopurinol in chronic kidney disease progression.

Method: This study is a clinical trial and patients with grade 3 and 4 chronic renal failure were divided into two groups, case (A) and control (B). Allopurinol (100 mg) daily was prescribed to patients in the group A, and placebo daily to patients in group B for 12 months. Patients' renal function and serum uric acid level in times of base, 3, 6 and 12 months after initial administration were evaluated. The software of SPSS 21 was used for statistical analysis.

Result: In patients with a baseline GFR 15-29 and 30-60 ml/min, serum uric acid levels decreased significantly during one year after administration of allopurinol ($P<0.05$). In patients with a baseline GFR 15-29 , serum creatinine levels did not decrease and there was no increase in the glomerular filtration ($P>0.05$), but in patients with a baseline GFR 30-60, serum creatinine levels decreased and there was an increase in the glomerular filtration ($P<0.05$) one year after administration of allopurinol.

Conclusion: Allopurinol may slow kidney disease progression in class 3 chronic kidney disease and could be administered with other effective drugs in controlling this disease.

Keywords: Allopurinol, glomerular filtration, hyperuricemia, chronic kidney disease.

Biography

I have completed my subspecialty of adult nephrology from Tehran University of Medical Sciences at 42 years of age. I am assistant proffessor of nephrology in Kermanshah Univercity of Medical Science and work in Imam Reza Hospital.

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