

code for gout and a new allopurinol prescription between 1997 and 2016 were identified. We compared those prescribed (1) colchicine or (2) NSAID prophylaxis with those prescribed no prophylaxis, individually matched by age, sex and propensity to receive prophylaxis, to reduce the impact of confounding by indication. Adverse events were identified in CPRD and HES using Read and ICD10 codes respectively. Associations between colchicine or NSAID prophylaxis and the first occurrence of each outcome were investigated using weighted Cox proportional hazards models. CPRD Gold and Aurum datasets were analysed separately and then combined using 2-stage individual patient data meta-analysis.

Results

13,945 individuals who initiated allopurinol with colchicine prophylaxis were matched to 13,945 who initiated without prophylaxis (mean age 63.62 years [95%CI 63.54, 63.70]; 78% male). Diarrhoea was the most common adverse event in the colchicine group, followed by nausea/vomiting, myocardial infarction (MI), neuropathy, myalgia, and bone marrow suppression (Table). Diarrhoea, MI, neuropathy, myalgia, and bone marrow suppression were significantly more common with colchicine prophylaxis compared with no prophylaxis. 22,880 individuals who initiated allopurinol with NSAID prophylaxis were matched to 22,880 who initiated without prophylaxis (mean age 63.34 years [95%CI 63.26, 63.42]; 78% male). Angina, acute kidney injury, MI, and peptic ulcer disease were significantly more common with NSAID prophylaxis than without (Table).

Conclusion

Gastrointestinal, cardiorenal, myoneuropathic, and haematological adverse events were associated with prophylaxis, although absolute event rates were low. This information can inform treatment decisions and choice of colchicine or NSAID for prophylaxis when initiating allopurinol.

Disclosure

E. Roddy: None. **R. Bajpai:** None. **H. Forrester:** None. **R. Partington:** None. **C.D. Mallen:** Grants/research support; Keele University School Of Medicine has received funding from BMS to support a non-pharmacological atrial fibrillation screening study. **L. Clarson:** None. **N. Padmanabhan:** None. **R. Whittle:** None. **S. Muller:** None.

P145 SAFETY OF COLCHICINE OR NSAID PROPHYLAXIS WHEN INITIATING ALLOPURINOL FOR GOUT: PROPENSITY SCORE-MATCHED COHORT STUDIES

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Background/Aims

Initiating urate-lowering therapy for gout commonly triggers a gout flare and hence co-prescription of colchicine or non-steroidal anti-inflammatory drug (NSAID) prophylaxis is recommended. However, little is known about the incidence of adverse events associated with prophylaxis. We aimed to determine the risk of adverse events severe enough to warrant seeking healthcare associated with colchicine or NSAID prophylaxis when initiating allopurinol for gout.

Methods

We conducted two matched retrospective cohort studies, using linked data from the Clinical Practice Research Datalink (CPRD) and Hospital Episode Statistics (HES) datasets. Adults aged ≥ 18 years with a Read

P145 TABLE 1

Incidence and associations of adverse events from colchicine and NSAID prophylaxis

Adverse events	Incidence per 10,000 patient-years (95%CI) Prophylaxis	No prophylaxis	Hazard ratio (95%CI)	p-value
Colchicine				
Diarrhoea	789.02 (689.26, 891.57)	318.23 (277.57, 365.29)	5.56 (3.77, 8.20)	<0.001
Nausea and/or vomiting	207.99 (165.37, 261.61)	135.54 (109.71, 167.45)	1.35 (0.97, 1.86)	0.073
Neuropathy	151.44 (68.15, 336.54)	7.85 (2.02, 30.55)	4.75 (1.20, 18.76)	0.026
Bone marrow suppression	51.92 (32.30, 83.48)	14.39 (6.86, 30.17)	3.29 (1.43, 7.57)	0.005
Myalgia	107.51 (72.10, 160.31)	40.81 (26.61, 62.57)	2.63 (1.45, 4.79)	0.002
Myocardial infarction	198.44 (156.75, 251.21)	116.50 (92.62, 146.54)	1.53 (1.09, 2.15)	0.015
NSAID				
Acute kidney injury	170.35 (139.89, 207.45)	123.30 (103.89, 146.34)	1.63 (1.20, 2.20)	0.002
Angina	509.52 (454.85, 570.75)	364.75 (329.97, 403.20)	1.71 (1.43, 2.04)	<0.001
Myocardial infarction	163.61 (134.23, 199.41)	98.32 (81.27, 118.94)	1.82 (1.36, 2.43)	<0.001
Peptic ulcer disease	87.33 (66.21, 115.19)	46.90 (35.45, 62.05)	2.03 (1.34, 3.08)	0.001

Models adjusted for unbalanced variables in the propensity score



are young lady was sitting down in want of a glass, you cannot deny the fact."

"I had not at that time the honour of knowing your assembly beyond my own party."

"True; and nobody can ever be introduced to myself to strings."

"Well, Colonel Fitzwilliam, what do I play next?"

"Perhaps," said Darcy, "I should have judged I sought an introduction; but I am ill-qualified to make myself to strings."

"Shall we ask your cousin the reason of this?" said still addressing Colonel Fitzwilliam. "Shall we ask him of sense and education, and who has lived in the world qualified to recommend himself to strangers?"

"I can answer your question," said Fitzwilliam, applying to him. It is because he will not give himself to strings, I certainly have not the talent which some people say he has."

"My fingers," said Elizabeth, "do not move instrument in the masterly manner which I see so many before. I cannot catch their tone of confection, or interested in their concerns, as I often see done."

"Miss Bingley, that he might have been just as nice to many less good I mean of fingerling, though I am sure Anne's Aunt would have been a delightful person."

"Health allowed her no time," said Darcy, "to see how kindly he treated his cousin's friend; but neither at that moment nor at any other could she discern any symptom of love; and from the whole of his behaviour to Miss de Bourgo, she derived this comfort for bad she bears his relation."

Lady Catherine continued her remarks on Elizabeth's performance, mixing with them many instructions on execution and taste. Elizabeth received them with all the forbearance of a good-natured person, and did not mind being told that her carriage was ready to take them all home.

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