Dear Dr. Zheng,

I would like to acknowledge you for this interesting letter confirming our recent results [1] and supporting a relationship between serum uric acid (SUA) and cardiovascular (CV) risk also in the Asian population [2]. The evidence is significant despite extensive adjustments and supports the idea that the problem of SUA and CV diseases is not dependent on race but probably involves a pivotal step for the production of uric acid in humans as the activity of xanthine-oxidase [3]. Indeed, the level of CV risk described in the letter is higher in presence of normal GFR thereby reducing the probability of a relationship between elevated SUA and renal dysfunction. All these results and many others, are supporting that a systematic estimate of the levels of SUA can contribute to the identification of subjects at high risk of CV diseases and suitable of preventive strategies. The determination of SUA is simple, inexpensive, broadly available and its major limitation is the lack of a definite threshold level to be considered as associated with the risk of CVD. Since most of the epidemiological studies have compared the CV risk profile across quartiles of increasing SUA this approach has to be integrated with the evidence supporting an increased level of risk for much lower levels of SUA (4 to 5 mg/dl) in both Asian and Caucasian populations [4,5]. This is probably the challenge for the next future and will help us to define the role of SUA in the demarcation of individual cardiovascular risk in Europe and worldwide.

References
