

## DAFTAR PUSTAKA

1. Kreamsoulas C, Anand SS. The impact of social determinants on cardiovascular disease. *Can J Cardiol.* 2010 Aug-Sep;26 Suppl C(Suppl C):8C-13C.
2. Maharani A, Sujarwoto, Praveen D, Oceandy D, Tampubolon G, Patel A. Cardiovascular disease risk factor prevalence and estimated 10-year cardiovascular risk scores in Indonesia: The SMARTHealth Extend study. *PLoS One.* 2019 Apr 30;14(4):e0215219.
3. Chen-Scarabelli C, Saravolatz L, Hirsh B, Agrawal P, Scarabelli TM. Dilemmas in end-stage heart failure. *J Geriatr Cardiol.* 2015 Jan;12(1):57-65.
4. Savarese G, Lund LH. Global Public Health Burden of Heart Failure. *Card Fail Rev.* 2017 Apr;3(1):7-11.
5. Raja R, Kavita F, Amreek F, Shah A, Sayeed KA, Sehar A. Hyperuricemia Associated with Thiazide Diuretics in Hypertensive Adults. *Cureus.* 2019 Aug 22;11(8):e5457..
6. Saito Y, Tanaka A, Node K, Kobayashi Y. Uric acid and cardiovascular disease: A clinical review. *J Cardiol.* 2021 Jul;78(1):51-57.
7. Ni Q, Lu X, Chen C, Du H, Zhang R. Risk factors for the development of hyperuricemia: A STROBE-compliant cross-sectional and longitudinal study. *Medicine (Baltimore).* 2019 Oct;98(42):e17597.
8. Gustafsson D, et al. The pathophysiology of hyperuricaemia and its possible relationship to cardiovascular disease, morbidity and mortality. *BMC Nephrol.* 2013;14:164.
9. Maiuolo J, et al. Regulation of uric acid metabolism and excretion. *Int J Cardiol.* 2016 Jun 15;213:8-14.
10. Yakupova S.P. Gout. New opportunities of diagnosis and treatment, *Terapevticheskii arkhiv.* 2018; 88-92.
11. Barkas F, et al. Uric acid and incident chronic kidney disease in dyslipidemic individuals. *Curr Med Res Opin.* 2018;34(7):1193-1199.

12. Ponikowski P, et al. ESC Scientific Document Group. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) Developed with the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur Heart J*. 2016;37(27):2129-2200.
13. Yancy CW, et al. American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. *Circulation*. 2013;128(16):e240-327.
14. Tanai E, Frantz S. Pathophysiology of Heart Failure. *Compr Physiol*. 2015 ;6(1):187-214.
15. Volterrani M, et al. Uric acid lowering therapy in cardiovascular diseases. *Int. J. Cardiol*. 2016; 213, 20-22
16. Wallace K, et al. Increasing prevalence of gout and hyperuricemia over 10 years among older adults in a managed care population. *J Rheumatol*. 2004, 31: 1582-1587.
17. Saag KG, Choi H. Epidemiology, risk factors, and lifestyle modifications for gout. *Arthritis Res Ther*. 2006;8 Suppl 1(Suppl 1):S2.
18. Butler F, Alghubayshi A, Roman Y. The Epidemiology and Genetics of Hyperuricemia and Gout across Major Racial Groups: A Literature Review and Population Genetics Secondary Database Analysis. *J Pers Med*. 2021;11(3):231.
19. Yip K, Cohen RE, Pillinger MH. Asymptomatic hyperuricemia: is it really asymptomatic?. *Curr Opin Rheumatol*. 2020; 32(1), 71-79.
20. Paul BJ, Anoopkumar K, Krishnan V. Asymptomatic hyperuricemia: is it time to intervene?. *Clin. Rheumatol*. 2017; 36(12), 2637-2644.
21. Stewart DJ, Langlois V, Noone D. Hyperuricemia and hypertension: links and risks. *Integr Blood Press Control*. 2019; 12, 43-62

22. Mazza A, Lenti S, Schiavon L, et al. Asymptomatic hyperuricemia is a strong risk factor for resistant hypertension in elderly subjects from general population. *Biomed Pharmacother.* 2017; 86, 590-594.
23. Lanaspá MA, Andrés-Hernando A, Kuwabara M. Uric acid and hypertension. *Hypertens. Res.* 2020;43(8), 832-834.
24. Lugito NPH. Nefropati Urat. *Cermin Dunia Kedokteran.* 2013; 204(40), 5,331-336.
25. Shin DH. To treat or not to treat asymptomatic hyperuricemia in chronic kidney disease. *Kidney Res Clin Pract.* 2019; 38(3), 257-259.
26. Yip K, Cohen RE, Pillinger MH. Asymptomatic hyperuricemia: is it really asymptomatic?. *Curr Opin Rheumatol.* 2020; 32(1), 71-79.
27. Liu J, et al. Two-year changes in hyperuricemia and risk of diabetes: a five-year prospective cohort study. *J. Diabetes Res.* 2018;2018,1-7.
28. Wei CY, et al. Association between hyperuricemia and metabolic syndrome: an epidemiological study of a labor force population in Taiwan. *Biomed Res Int.* 2015;1-7. 31
29. Chen LY, et al. Relationship between hyperuricemia and metabolic syndrome. *J. Zhejiang Univ. Sci. B.* 2007; 8(8), 593-598.
30. Ribeiro RC, Pui C H. Hyperuricemia in patients with cancer. *Am. J. Cancer* 2002; 1(6), 409-422.
31. Jack Z. Diagnosis dan Penatalaksanaan Sindrom Lisis Tumor. In *Buku Ajar Ilmu Penyakit Dalam.* 2015;3(558):4137-4138.
32. Jiao XF, Song K, Jiao X, Li H, Zeng L, Zou K, Zhang W, Wang H, Zhang L. Hyperuricaemia, gout and related adverse events associated with antihypertensive drugs: A real-world analysis using the FDA adverse event reporting system. *Front Pharmacol.* 2023;13:1045561.
33. Kuzuya M, et al. Effect of Aging on Serum Uric Acid Levels: Longitudinal Changes in a Large Japanese Population Group. *J Gerontol A Biol Sci Med Sci.* 2002; 57(10):M660-4.

34. Cai A, et al. Uric Acid Is Not Associated With Blood Pressure Phenotypes and Target Organ Damage According to Blood Pressure Phenotypes. *Am J Hypertens*. 2021;34(1):64-72
35. Ali N, et al. Relationship between serum uric acid and hypertension: a cross-sectional study in Bangladeshi adults. *Sci Rep*. 2019;9(1):9061.
36. Li X, et al. Elevated Serum Xanthine Oxidase Activity Is Associated With the Development of Type 2 Diabetes: A Prospective Cohort Study. *Diabetes Care*. 2018;41(4):884-890.
37. Krishnan E, et al. Relative and attributable diabetes risk associated with hyperuricemia in US veterans with gout. *QJM*. 2013;106(8):721-9.
38. DeMarco, et al. Diuretic use, increased serum urate levels, and risk of incident gout in a population-based study of adults with hypertension: the Atherosclerosis Risk in Communities cohort study. *Arthritis Rheum*. 2012;64(1):121-9
39. Tsai CW, Lin SY, Kuo CC, Huang CC. Serum uric acid and progression of kidney disease: a longitudinal analysis and mini-review. *PLoS One*. 2017;12(1)
40. Kielstein JT, et al. Management of Hyperuricemia in Patients with Chronic Kidney Disease: a Focus on Renal Protection. *Curr Hypertens Rep*. 2020;22(12):102
41. Vlad, et al. The Relationship between Serum Uric Acid and Ejection Fraction of the Left Ventricle. *J Clin Med*. 2021;10(17):4026
42. Miao L, et al. Serum Uric Acid and Risk of Chronic Heart Failure: A Systematic Review and Meta-Analysis. *Front Med (Lausanne)*. 2021;8:785327
43. Cullerton BF, et al. Serum uric acid and risk for cardiovascular disease and death: the Framingham Heart Study. *Ann Intern Med*. 1999;131(1):7–13.
44. Moriarty JT, et al. Serum uric acid and risk of coronary heart disease: Atherosclerosis Risk in Communities (ARIC) Study. *Ann Epidemiol*. 2000;10(3):136–43.

45. Hsieh YP, Chang CC, Yang Y, Wen YK, Chiu PF, Lin CC. The role of uric acid in chronic kidney disease patients. *Nephrology (Carlton)*. 2017;441-448.
46. Russo E, et al. Serum Uric Acid and Kidney Disease Measures Independently Predict Cardiovascular and Total Mortality: The Uric Acid Right for Heart Health (URRAH) Project. *Front Cardiovasc Med*. 2021 Sep 27;8:713652.