



## Serum uric acid and albumin are affected by different variables in Parkinson's disease

Mohsen Hemmati-Dinarvand<sup>1,2</sup> · Maryam Niknam<sup>3</sup> · Sepideh Zununi Vahed<sup>4</sup> · Nasser Samadi<sup>1,2</sup> 

Received: 22 May 2018 / Accepted: 21 August 2018 / Published online: 23 August 2018  
© Springer-Verlag Italia S.r.l., part of Springer Nature 2018

Dear Editor-in-Chief

We read the research study entitled “Impact of serum uric acid, albumin and their interaction on Parkinson's disease” by Wang L et al. [1] that was published in *Neurological Sciences Journal* on October 2016 (<https://doi.org/10.1007/s10072-016-2738-z>). Wang L et al. reported that serum concentrations of uric acid (UA) and albumin were markedly lower in patients with Parkinson disease compared to healthy individuals. Different studies have reported that serum UA and albumin are under influence of multifactorial variables [2–5].

The following are the shortcomings observed:

Different factors affect the parameters of the study, such as stress and strenuous exercise will falsely elevate UA [6, 7], and many drugs cause an increase or decrease in UA (allopurinol, aspirin, etc.) [8–10]. Also, purine-rich diet and metabolic syndrome (e.g., liver, kidney, sweetbreads) increase UA levels [11, 12]. Furthermore, high levels of aspirin decrease UA levels and low purine intake, coffee, and tea decrease UA levels [13, 14]. How did you control these factors?

Given that the albumin is a negative acute-phase protein and can be affected by nutritional conditions, aging, medical conditions such as cancer, liver dysfunction, inflammation, malnutrition, and a kidney problem, and etc. [15, 16], can albumin be considered as a biomarker?

The cut-off values and the sensitivity and specificity of serum UA and albumin levels have not been calculated for this study.

### Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflicts of interest.

### References

1. Wang L, Hu W, Wang J, Fang F, Cheng G, Jiang Y, Xiao H, Wan Q (2017) Impact of serum uric acid, albumin and their interaction on Parkinson's disease. *Neurol Sci* 38(2):331–336
2. Long J (2017) Changes of serum CRP, serum uric acid and immunoglobulin in patients with renal damage of systemic lupus erythematosus. *Journal of Hainan Medical University* 23(16):53–56
3. Tang O, Miller ER, Gelber AC, Choi HK, Appel LJ, Juraschek SP (2017) DASH diet and change in serum uric acid over time. *Clin Rheumatol* 36(6):1413–1417
4. Eriguchi R, Obi Y, Streja E, Tortorici AR, Rhee CM, Soohoo M, Kim T, Kovessy CP, Kalantar-Zadeh K (2017) Longitudinal associations among renal urea clearance–corrected normalized protein catabolic rate, serum albumin, and mortality in patients on hemodialysis. *Clin J Am Soc Nephrol* 12(7):1109–1117
5. Jun JE, Lee SE, Lee YB, Jee JH, Bae JC, Jin SM, Hur KY, Lee MK, Kim JH (2017) Increase in serum albumin concentration is associated with prediabetes development and progression to overt diabetes independently of metabolic syndrome. *PLoS One* 12(4):e0176209
6. González D, Marquina R, Rondón N, Rodríguez-Malaver AJ, Reyes R (2008) Effects of aerobic exercise on uric acid, total antioxidant activity, oxidative stress, and nitric oxide in human saliva. *Research in Sports Medicine* 16(2):128–137
7. Glantzounis G, Tsimoyiannis E, Kappas A, Galaris D (2005) Uric acid and oxidative stress. *Curr Pharm Des* 11(32):4145–4151
8. Shen Z et al (2015) Pharmacokinetics, pharmacodynamics, and safety of lesinurad, a selective uric acid reabsorption inhibitor, in healthy adult males. *Drug design, development and therapy* 9:3423
9. Mohammad IS, Latif S, Yar M, Nasar F, Ahmad I, Naeem M (2014) Comparative uric acid lowering studies of allopurinol with an indigenous medicinal plant in rabbits. *Acta Pol Pharm* 71:855–859

✉ Nasser Samadi  
nsamadi@ualberta.ca

<sup>1</sup> Drug Applied Research Center, Tabriz University of Medical Sciences, Tabriz, Iran  
<sup>2</sup> Department of Clinical Biochemistry and Laboratory Medicine, Faculty of Medicine, Tabriz University of Medical Sciences, Tabriz, Iran  
<sup>3</sup> Department of Clinical Biochemistry and Laboratory Medicine, Faculty of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran  
<sup>4</sup> Kidney Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

10. Caspi D, Lubart E, Graff E, Habet B, Yaron M, Segal R (2000) The effect of mini-dose aspirin on renal function and uric acid handling in elderly patients. *Arthritis Rheum* 43(1):103–108
11. Lin Z, Zhang B, Liu X, Jin R, Zhu W (2014) Effects of chicory inulin on serum metabolites of uric acid, lipids, glucose, and abdominal fat deposition in quails induced by purine-rich diets. *J Med Food* 17(11):1214–1221
12. Zgaga L, Theodoratou E, Kyle J, Farrington SM, Agakov F, Tenesa A, Walker M, McNeill G, Wright AF, Rudan I, Dunlop MG, Campbell H (2012) The association of dietary intake of purine-rich vegetables, sugar-sweetened beverages and dairy with plasma urate, in a cross-sectional study. *PLoS One* 7(6):e38123
13. Caspi D, Lubart E, Graff E, Habet B, Yaron M, Segal R (2000) The effect of mini-dose aspirin on renal function and uric acid handling in elderly patients. *Arthritis & Rheumatism: Official Journal of the American College of Rheumatology* 43(1):103–108
14. Bae J, Park PS, Chun BY, Choi BY, Kim MK, Shin MH, Lee YH, Shin DH, Kim SK (2015) The effect of coffee, tea, and caffeine consumption on serum uric acid and the risk of hyperuricemia in Korean Multi-Rural Communities Cohort. *Rheumatol Int* 35(2):327–336
15. Ota A, Kondo N, Murayama N, Tanabe N, Shobugawa Y, Kondo K, Japan Gerontological Evaluation Study (JAGES) group (2016) Serum albumin levels and economic status in Japanese older adults. *PLoS One* 11(6):e0155022
16. Phakdeekitcharoen B, Boonyawat K (2012) The added-up albumin enhances the diuretic effect of furosemide in patients with hypoalbuminemic chronic kidney disease: a randomized controlled study. *BMC Nephrol* 13(1):92