The paper is aimed at assessing the interaction between age and renal function on the clinical outcome and use of health resources in patients with gout. The idea of the paper is interesting, but the conclusions are not far from an average expectation. The final conclusion is that the clinical outcome is worst in older patients with gout and CKD that represent well known conditions associated with a worsening of clinical outcome. Moreover older age and CKD are not typical conditions associated only with gout.

Major limitations:

- the populations of patients with and without CKD and of different age levels largely differ in terms of baseline condition and the differences can explain the outcome and cannot entirely modified by adjustment

- A propensity analysis score for patients differing only for age or CKD should be included

- The abstract text should better summaries the results of the study

- The use of resources in obviously higher in older patients with CKD and again the analysis should be limited to more comparable sub-populations where it should be possible to assess the primary role of the two main co variates.

- The proportion of lost to follow-up is remarkable as it is the number of patients lacking of some data.
- The same is true for gout medications that is not equally distributed and this could have affected the outcome. In addition the dose of ULT and the control of serum uric acid is expected to be different and this could affect the clinical outcome.

- It is hard to identify a role for gout, since the conclusions could apply to any population by dividing the patients according to age and renal function.

- The real interesting issue would be if there is any additional impact of gout over age and CKD, but in this case the control population should include patients without gout.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
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