Referral Support Service

Rheumatology

RH05
Gout

Definition

Gout is an inflammatory arthritis caused by accumulation and deposition of sodium urate crystals. Characteristically it is intermittent nature and affects the great toe, although any joint can be involved.

The following pathway does not include renal patients.

Management

Treatment of Gout and will be determined by risk, frequency and severity of attack and the management of it should be undertaken in Primary Care.

Only refer to Secondary Care if intolerant of conventional urate lowering therapies or troublesome disease control on standard therapies.

Acute events should be treated with non-steroidal anti-inflammatory drugs with appropriate GI protection if indicated or colchicine. Oral, intramuscular or intra-articular steroids are also effective in the acute event.

Urate lowering therapy should be considered if there have been two or more attacks in a year, tophi are present, radiographic evidence of erosion, renal impairment, uric acid stones or in patients on long term diuretic therapy. Therapy should be aimed at suppressing serum urate to below 360 micromol/L or 300 micromol/L in severe cases.

If not contraindicated: Start **Allopurinol**. Urate lowering therapy should be started 1–2 weeks after the inflammation has settled and titrate the dose every few weeks until the serum uric acid (SUA) level is below target level.

If intolerant of Allopurinol consider **Febuxostat** as second-line therapy.

Note: a prior history of hypersensitivity to Allopurinol and/or renal disease may indicate potential hypersensitivity to **Febuxostat**.

When starting urate lowering therapy, co-prescribe a low dose of a nonsteroidal anti-inflammatory drug **(NSAID),** or low-dose **colchicine** (500mcg up to twice daily), for at least 1 month to prevent acute attacks of gout.

- Prescribe **NSAIDs** for up to 6 weeks and consider the need for gastroprotective medication
- Prescribe colchicine for up to 6 months (usually 3 months)
- If **NSAIDs** and colchicine are contraindicated, consider low-dose oral prednisolone once a day for 4 to 12 weeks

Advise the person that:

- Urate-lowering medication is normally lifelong and regular monitoring is needed
- Allopurinol or **febuxostat** may cause acute attacks of gout just after initiating treatment, and for some weeks afterwards
- Explain that they should start their anti-inflammatory treatment as soon as possible and not to stop their allopurinol or **febuxostat** during acute attacks

Lifestyle advice

Advise people with gout to:

- Aim for an ideal body weight — but avoid crash dieting and high protein/low carbohydrate diets
- Eat sensibly — by restricting the amount of red meat and avoiding a high protein intake. Avoid excessive consumption of foods rich in purines (such as liver, kidneys, and seafood)
- Drink alcohol sensibly — by avoiding binge drinking and restricting alcohol consumption to 21 units per week for men and 14 units per week for women, with at least two alcohol-free days a week
- Avoid dehydration by drinking water (up to 2 litres/day unless there is a medical contraindication)
- Drink skimmed milk or consume low-fat dairy products (up to 2 servings daily)
- Limit consumption of sugary drinks and snacks
- Take regular exercise — but avoid intense muscular exercise and trauma to joints
- Stop smoking
- Consider taking Vitamin C supplements

Indications for referral

If intolerant of conventional urate lowering therapies or troublesome disease control on standard therapies.

Renal patients should be referred.

Investigations prior to referral

- Full blood count
- Serum urate
- Renal and liver function
- X-ray of affected joint

Information to include in referral letter

- Date of onset
- Frequency of attacks
- Medication history

Patient information leaflets/PDAs

- Arthritis UK