KISS: Gout

Based on BSR guideline May 2017 and BJGP2017;67;284

Patient information: The guideline stresses the importance of good information to make sure patients are aware of the risks of untreated or under-treated gout, as poor patient understanding of the disease has been shown to be one of the barriers to effective treatment. Direct patients to Arthritis Research UK Patient information

Lifestyle advice

- Weight loss and reduce alcohol (if appropriate), especially beer
- Avoid sugar sweetened drinks with **fructose & high purine foods**
- See UK Gout Society diet sheet for further detail
- Aim to drink at least **2 litres of water** per day

Acute attack

- Educate patients that acute attacks should be treated early to achieve quicker remission and prevent longer term pain and disability
- Elevation and topical ice, stop all alcohol during an acute attack.
- **First line:** maximum dose NSAID with PPI (if no C/I) or colchicine 500mcg bd-qds
    - For **mono-articular attacks** consider joint aspiration and injection with steroid
    - If not tolerated or contraindicated consider steroids e.g. prednisolone 35mg od 5 days
- If **monotherapy not effective** combination treatments can be used e.g. NSAID + colchicine
- If already taking prophylaxis (e.g. allopurinol) this should continue
- Check serum uric acid (sUA) 4 to 6 weeks *after* an attack

Prophylaxis with urate-lowering therapy (ULT)

- **ULT should be offered to ALL patients once diagnosis is confirmed**
    - Particularly if 2 or more attacks per year, gouty tophi, past urolithiasis, eGFR <60, joint damage, diuretic therapy, or young age
- When initiating ULT wait until inflammation and pain has settled
- **Treat to target.** Serum uric acid (sUA) should be lowered to **< 300 µmol/l**
    - Start **allopurinol** 50-100mg daily and titrate by 100mg every 4 weeks to reach target sUA level (up to 900mg daily maximum)
    - If allopurinol not tolerated or renal function does not allow sufficient titration use **Febuxostat** 80mg od and increase to 120mg od if target sUA not achieved
- Initiate **concomitant anti-inflammatory prophylaxis while titrating ULT for up to 6 months**
    - Colchicine 500mcg bd or low dose NSAID with PPI (best evidence for colchicine)
- If resistant or intolerant to standard therapy, **refer** for specialist options e.g. uricosuric drugs such as sulfinpyrazone

Assess for co-morbidities

- **Assess for hypertension, CKD, DM, metabolic syndrome & CVD**
- **Hypertension:** Use losartan +/- amlodipine preferentially as these lower urate levels