

Treatment of acute gout

- 1-2 weeks
- NSAID if not C/I
- Pt with risk of PU, bleed, add PPI

Colchicine effective but slower to work.
SE: diarrhea.

-Oral steroid when unable to tolerate NSAIDs.
-IA steroid highly effective

Exclude septic arthritis & suppress pain and inflammation
Treat as soon as possible

NSAID (including coxibs) ± PPI
or
Colchicine
or
Corticosteroid (i.a., oral, i.m., i.v.)

Review at 4–6 weeks
Assess lifestyle factors, blood pressure & perform serum urate, renal function & glucose in all patients

Further attacks (or risk factors +++)
Treat acute attack, when resolved add
Allopurinol* + prophylactic cover with low dose NSAID ± PPI or colchicine
(Risk of precipitating acute attacks for approx 12 months)
*Titrate allopurinol dose dependent on SUA, may require doses up to 900 mg/day
DO NOT STOP ALLOPURINOL DURING ACUTE ATTACKS

Resolution

All patients

- Optimize weight
- Increase exercise
- Modify diet
- Reduce alcohol intake
- Maintain fluid intake
- Treat underlying cardiovascular risk factors

Aim: Plasma urate should be maintained < 300 mmol/l.

Should be started if a 2nd attack, or further attacks occur within 1 yr, and should be delayed until 1–2 weeks after inflammation has settled.