



## **Out with Gout - A micro masterclass**

Presented on behalf of

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# Gout can be treated better...

- Over a 5 year period for gout patients in Australia:
  - 55% get serum urate test
  - 43% are prescribed allopurinol
  - 22% achieve target urate levels

# 6 Top Tips

# 1

- Initiate urate-lowering therapy if:
  - More than 1 gout attack per year
  - Renal impairment / stones / tophi

# 2

- You CAN start allopurinol during an acute attack
- 2 studies have now shown this
  - Taylor et al. Am J Med 2012;125(11):1126-1134.e7
  - J Clin Rheumatol 2015;21 120-125

# 3

- Start at low dose and titrate allopurinol to achieve serum urate  $<0.36\text{mmol/L}$ 
  - Starting low reduces adverse events
  - Usually 100mg daily starting dose
  - Increase by 100mg/d monthly
  - Maximum dose 900mg/d
  - For CKD4/5 start at 50mg/d +50mg/d monthly

# 4

- Prophylaxis against flares while titrating is VERY IMPORTANT
  - Colchicine 0.5mg 1-2x/d
  - NSAID eg Naproxen 250mg bd
  - 2<sup>nd</sup> line prednisolone <10mg/d
  - Duration 6m or 3m after target reached in most

# 5

- Assuming tolerated, NEVER STOP allopurinol whilst alive



# 6

- Referral wise if:
  - Very poor renal function / dialysis
  - Asian / Indian with poor renal function
  - Allopurinol sensitivity
  - Very young
  - Very severe
  - Discharging tophi (*please don't operate*)

