

Gout

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Disclosures – Philip Robinson

- Consulting, speaking, research funding and/or advisory board engagements in the area of SpA and also in other areas with:
 - Abbvie, Eli Lilly, Janssen, Novartis, Pfizer, Roche, Sanofi and UCB
- Treasurer of the Australian Rheumatology Association Queensland Branch which receives sponsorship from:
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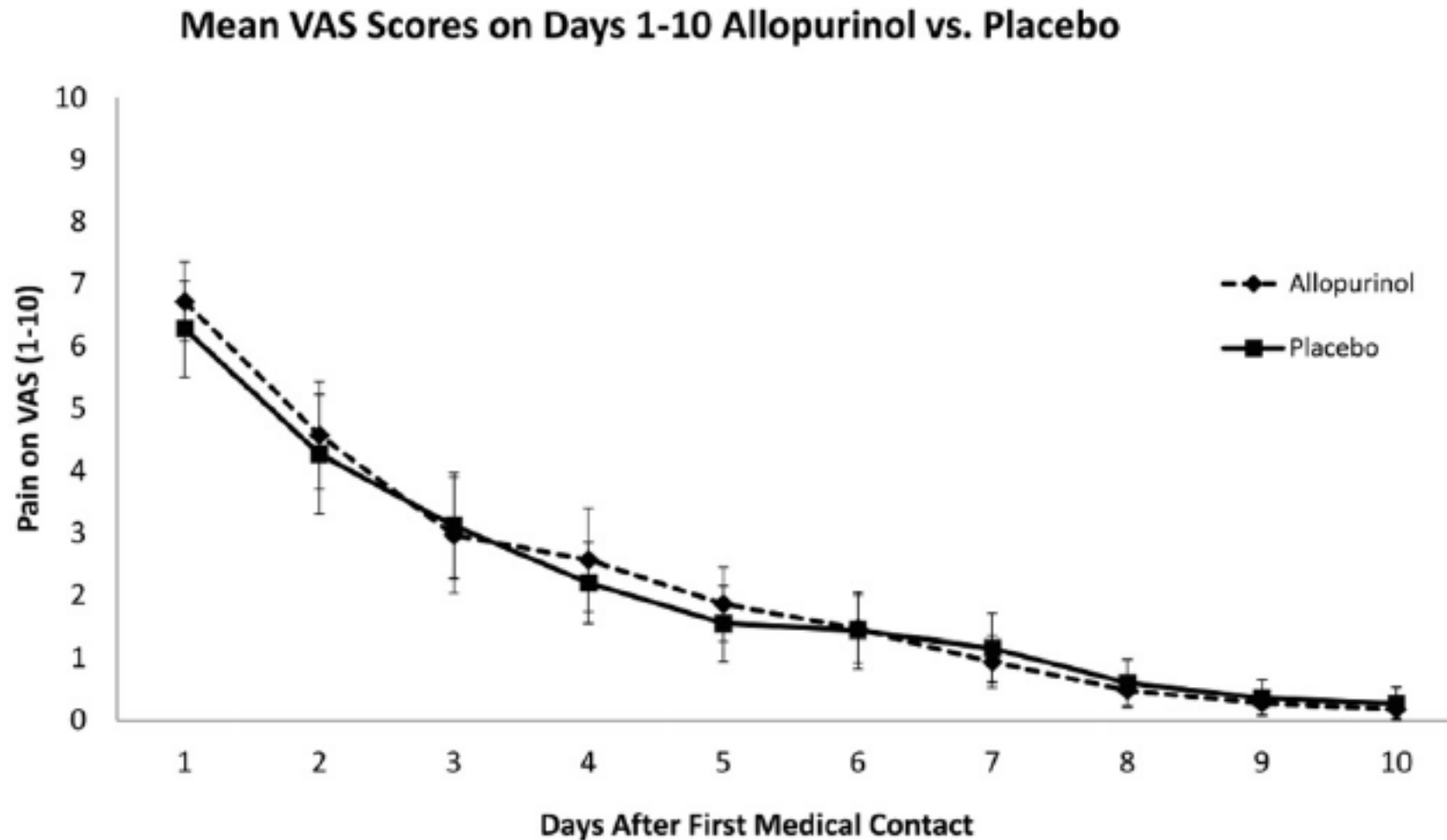
Questions to answer?

- When do you start allopurinol?
- Can you start allopurinol during a flare?
- Do you use prophylaxis against gout flares when starting allopurinol?
- How fast do you increase allopurinol?
- What is the serum urate target?
- What do you do if they are allergic?
- What do you do if they have renal impairment?

When do you start allopurinol?

- Guidelines suggest starting urate lowering therapy:
 - 1. More than 1 attack per year
 - 2. Tophaceous disease
 - 3. Renal impairment
 - 4. Kidney stones

Can you start allopurinol during a flare? **YES**



Do you use prophylaxis against gout flares when starting allopurinol?

- Yes, guidelines recommend it, colchicine can reduce flares by up to 80%

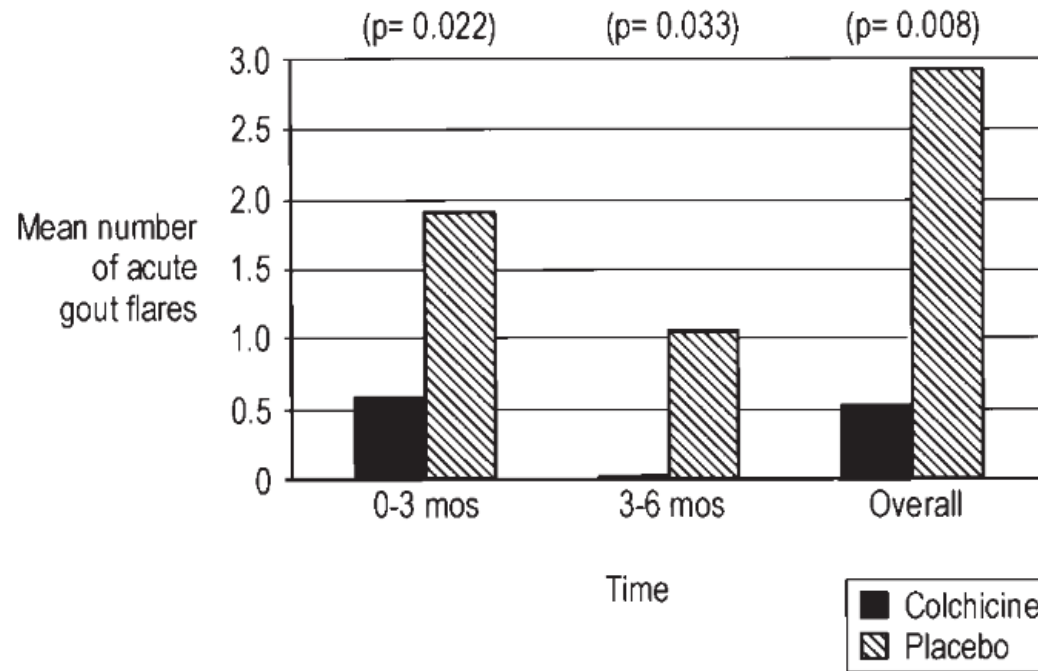


Figure 1. Mean number of acute gout flares at the 0–3 and 3–6 month time periods, and overall (n = 43: colchicine = 21, placebo = 22).

How fast do you increase allopurinol?

- eGFR > 30mL/min
 - Allopurinol 100mg 3-5 weeks
 - Allopurinol 200mg 3-5 weeks
 - Allopurinol 300mg 3-5 weeks
 - Allopurinol 400mg 3-5 weeks
 - Allopurinol 500mg 3-5 weeks
- eGFR < 30mL/min
 - Allopurinol 50mg 3-5 weeks
 - Allopurinol 100mg 3-5 weeks
 - Allopurinol 150mg 3-5 weeks
 - Allopurinol 200mg 3-5 weeks
 - Allopurinol 250mg 3-5 weeks

Stop when you get to the serum urate target < 0.36 (no tophi) or < 0.30 (tophi)

What is the serum urate target?

- If tophi not present
 - < 0.36 mmol/L
- If tophi present
 - < 0.30 mmol/L

What do you do if they are allergic to allopurinol?

- Options:
 - Desensitize them to allopurinol
 - Use febuxostat
 - Use probenecid
 - Refer to a rheumatologist

What do you do if they have renal impairment?

- NO, need to change serum urate target
- HOWEVER, need to up-titrate allopurinol at a much slower rate
- This is due to the increase risk of adverse reactions if you up-titrate quickly.