**Gout**

**Management**

Patient education, lifestyle moderation

Use of ice packs (PRICE)

Stop or change precipitating drug where appropriate to do so

Acute: (1) Full dose NSAID until 1-2 days after attack has resolved or (2)Colchicine 1g stat and then 500mcg 2 -3 times or (3) Steroid (IA, IM, PO)

Review at 4 - 6 weeks to assess lifestyle factors, BP, serum urate, renal function, blood glucose and cholesterol

Monitor response: Pain level- Visual Analogue Score

**Chronic Disease Management**

Lifestyle factors

Agree management plan with patient

Caution with renal impairment

First line treatment with allopurinol 1-2 weeks after inflammation has settled, and up-titration – ***“treat to target”***

Suppress urate <0.36mmol/L

NSAID or colchicine prophylaxis for at least one month of starting urate lowering therapy and patient should have SOS pack at home in case of future flares

Treat any acute attacks as above and DO NOT STOP urate lowering drug

**Refer to Consultant Rheumatologist** if:

* unresponsive or toxicity to allopurinol and/or febuxostat
* uncertainty about diagnosis
* patient is under 30 years of age
* patient is pregnant

**Refer to Consultant Urologist**

If patient has urolothiasis

**Investigations**

FBC, Urate, U&E, LFT, Bone profile, ESR, CRP, Blood cultures

Patient temperature

No imaging necessary (acute onset)

Aspirate for crystal examination, if possible: culture and gram stain

**Note: A urate level within the normal range does not exclude a diagnosis of gout**

Refer to A&E if Septic Arthritis suspected

Rule out

Red flags

Severe, rapid onset joint pain; often at night or early morning

Usually mono-arthritis

Swelling and erythema

Risk factors: drugs: diuretics, low dose aspirin, renal disease, metabolic syndrome; ageing, male gender

Consider differential diagnosis such as septic arthritis, osteoarthritis