GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Gout

Gout is an inflammatory arthritis caused by uric acid crystal deposition. It has an estimated prevalence of 1.7 per cent in the Australian population and is a common presentation to general practice. It usually presents as a painful monoarthritis – early and accurate diagnosis is thus critical in order to exclude potentially serious masquerades like septic arthritis. Registrars need to develop a systematic approach to assessing and managing gout, both acute and chronic, in the general practice setting. See also the GPSA teaching plan on Acute Monoarthritis.

TEACHING AND LEARNING AREAS		• Risk factors for gout • Clinical features and stages of gout, and differential diagnoses • Investigation of acute monoarthritis • Management of gout (acute and chronic), including indications and targets for urate-lowering therapy • Adverse effects of medications for gout, including Stevens-Johnson syndrome from allopurinol • Indications and pathway for referral
PRE- SESSION ACTIVITIES		• Read the 2016 AFP article - Management of gout – much has changed
TEACHING TIPS AND TRAPS		• Gout can present as a polyarthritis • Gout is commonly associated with metabolic syndrome and CVD so screening for comorbidities should be considered • Uric acid levels are often lowered in patients with acute gout, and may be normal • Investigate causes of secondary hyperuricaemia in younger patients • 'Start low and go slow' with allopurinol to reduce the risk of hypersensitivity • All patients should be offered urate-lowering therapy to prevent long term pain and disability • Treat to target when using urate-lowering drugs • Avoid diuretics in patients with gout • Low-dose aspirin prophylaxis for IHD has no significant effect on serum urate • There is no evidence to support the pharmacological management of isolated asymptomatic hyperuricaemia
RESOURCES	**Read**	• Therapeutic Guidelines chapter on gout • 2016 Australian Prescriber article - The management of gout • 2018 AJGP Chronic gout: Barriers to effective management
	Listen	• The Curbsiders #113 Gout: Uric acid targets, urate lowering therapy, and random questions
FOLLOW UP/ EXTENSION ACTIVITIES		• Registrar to undertake the clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

Fred Geeves is a 71-year-old retired newsagent who presents to you with classic podagra of the right first toe. He tells you that he has a long history of gout and this is typical of how it always presents. He requests a prescription for Indocid.
Fred is not taking urate-lowering therapy.

QUESTION 1. In assessing Fred, what are the MOST IMPORTANT features on history? List up to SEVEN

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

QUESTION 2. What are the management options for treating Fred's acute gout? List up to FOUR

1 _____

2 _____

3 _____

4 _____

QUESTION 3. Fred returns to see you two weeks later after the episode has settled. What are the MOST IMPORTANT next steps in management? List as many as appropriate.

_____

_____

_____

_____

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ANSWERS

QUESTION 1.

In assessing Fred, what are the MOST IMPORTANT features on history? List up to SEVEN

- Frequency and severity of episodes
- Complications of gout – tophi, renal stones, renal disease
- Past medical history, especially CVD, HT, DM, CRF
- Medication history e.g. diuretics
- Alcohol and diet e.g. seafood
- Prior urate-lowering therapy
- Risk factors for NSAID use

QUESTION 2.

What are the management options for treating Fred's acute gout? List up to FOUR

- NSAIDS
- Colchicine
- Oral corticosteroids
- Intra-articular injection of corticosteroid

QUESTION 3.

Fred returns to see you two weeks later after the episode has settled. What are the MOST IMPORTANT next steps in management? List as many as appropriate.

- Education - there is evidence that poor patient understanding leads to significant under-treatment
- Lifestyle advice - diet (reduction on purine rich foods), reduce alcohol, weight loss, high fluid intake (>2L/day)
- Assess and manage CV risk factors
- Discuss the role, risks and benefits of urate-lowering therapy

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