When can we start preventing recurrence of acute gout? - Frankly Speaking EP13

Transcript Details

This is a transcript of an episode from the podcast series "Frankly Speaking" accessible at Pri-Med.com. Additional media formats for this podcast are available by visiting http://www.pri-med.com/online-education/Podcast/preventing-recurrence-of-acute-gout-frankly-speaking-ep-13

Dr. Frank Domino

Bob is a healthy guy. He goes to the gym five days a week, eats right, and has a BMI of 24. He presents to the office with his first metatarsal head being red, swollen and painful. When I tell him it's gout, he says, "How did this happen to me?" Today, we examine a myth and management issues concerning acute gout. I'm Frank Domino, and with me today, is Alan Ehrlich, Clinical Associate Professor in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School, and Executive Editor of DynaMed. Welcome to the show, Alan.

Dr. Alan Ehrlich:

Thanks, Frank.

Dr. Domino

Tell us a little bit about the new evidence regarding acute management of gout.

Dr. Ehrlich

The management of gout hasn't changed that much, in terms of dealing with acute pain. We typically, you use some type of anti-inflammatory such as Colchicine or an NSAID. Or if you need to, you could use some type of steroid. What's changed though is issues around the idea of preventing gout and whether you can start your prevention therapy when you are treating the

acute attack. If it's the first attack, you may want to defer on a decision about urate-lowering therapy. But if this is someone who is a high risk for recurrence, or this is more than the second or more attack within a year, then you should be thinking about urate-lowering therapy. We used to think you had to wait for the acute attack to subside, but there's some evidence that says, "No, you can start the urate-lowering therapy as soon as you have your anti-inflammatories on board."

Dr. Domino

Alan, that just seems remarkable. We were taught something very, very differently. Can you give me example of how you might go about addressing Bob and his acute pain?

Dr. Ehrlich

I think I would want to first get him on some type of anti-inflammatory, let's say colchicine. And so I would probably start him with 1.2 milligrams of colchicine, followed by another 0.6 an hour later, and then probably, if I'm going to be planning on beginning allopurinol, I need to continue that colchicine. Typically, you want to have some type of anti-inflammatory on board for at least six months when you are starting urate-lowering therapy. Typically, I would use allopurinol. You can use febuxostat, but allopurinol has a long history and it's a drug I understand very well. And so I would typically... I used to wait until the acute attack subsided. Again, as we were talking about some new evidence, there was a systematic review published in "Rheumatology" last year, which basically showed that if you start the allopurinol right away, once you have the colchicine on board, then you get no increase in the number of attacks that occur within the first 30 days, and there's no increase in residual pain in 10 to 15 days. So it appears that it's safe to begin urate-lowering therapy right when you're starting your anti-inflammatory therapy.

Dr. Domino

That's amazing. So that's something that's very different than what we had been assuming for at least the last 25, 30 years in the management of gout, because as I've been always taught, if you start urate-lowering therapy too quickly, you can induce another attack and the systematic review calls that into question.

Dr. Ehrlich

Right. The key caveat is, you have to have some type of anti-inflammatory protection when you're starting that urate-lowering therapy. I think colchicine is most commonly used and the standard dose should be 0.6 milligrams twice a day, but you can use NSAIDS or even steroids if you need to. Although, when you're using those, the issue of how long you use them may change, because they don't have as good a safety profile as colchicine.

Dr. Domino

Okay. So to summarize, be aggressive, start with an anti-inflammatory for patients with recurrent attacks, consider adding urate-lowering therapy. Allopurinol, that's 300 milligrams. Do you wait a day or two to start that or do you go ahead and start it on the same day as the anti-inflammatory?

Dr. Ehrlich

I would plan to start it either the same day or a day or two later. But I wouldn't start at 300 milligrams, typically, I'm going to start at 50 or 100 milligrams. It depends upon kidney function. If they have impaired renal function, you want to start at 50 milligrams, normal renal function you can start at 100. You talked about people who have recurrent attacks. A couple of other populations to think about, anyone who's had kidney stones of any sort, or if you have had a decrease in your renal function, these are people who are at increased risk of more gout attacks, and probably could be started right away. Also, if you have someone who's on a diuretic, like a thiazide, then if they need that for management of other medical conditions, you probably should think about starting your urate-lowering therapy right away, because they're going to have another attack.

Dr. Domino

They're going to have another attack. That's really interesting. Well, that's a practice changer and a myth buster, so thanks for bringing that to our attention. What other things should we be talking to our patients about, who have recurring gout attacks? What should they do in their life style that would help prevent a recurrence?

Dr. Ehrlich

I think the most significant thing is the dietary changes. You want to avoid foods that are high in purine, and typically, these are organ meats and things like that. So if you like chopped liver, well, that probably should come off your list, things like that.

Dr. Domino
How about having a steak, is that acceptable?

Dr. Ehrlich
I think a steak in and of itself is okay. A very strict low purine diet tends to be something that is hard to adhere to, and then the next thing you know, people aren't paying attention at all. Usually, I'll give the patients a hand out of the high purine foods and just counsel them on that.

Dr. Domino
Any thoughts about hydration status and what to drink?

Dr. Ehrlich
Hydration status is important. You want people to be well hydrated. A lot of this has to do with reducing the likelihood of developing any type of kidney stone. I don't have any particular suggestions on fluids. Anything that you normally tell your patients?

Dr. Domino
I normally tell patients, well, patients with gout and those who are at risk for kidney stones, to watch carbonated drinks, make sure they stay very, very well hydrated.

Dr. Ehrlich
Sure.

Dr. Domino
I do worry about my gout patients, because they always say, "Gee, I love shrimp," or, "I love lobster," and, "I can't eat that." I tell them that most things in moderation are probably acceptable,

if they're very, very well hydrated and they're not taking anything that dramatically dehydrates them, like a large amount of alcohol with it. Any thoughts about patients who are on an anti-inflammatory, on a urate-lowering therapy, and are still getting recurring episodes of gout? What should be the next steps?

Dr. Ehrlich
Well, the first thing you want to be doing is checking, "What's the urate level?" Your goal is to get the urate level less than six milligrams per deciliter. And if they've got tophaceous gout, you may even want to be driving that down under five.

Dr. Domino
Wow

Dr. Ehrlich
So you can do that through a combination of the [inaudible] Inhibitor, and then if you need to, you could add a uricosuric agent, something like probenecid, 500 milligrams twice a day. That would help with the excretion. Again, you have to be careful there and people who have a history of kidney stones, or if people have impaired renal function, that would a concern.

Dr. Domino
Any final thoughts on when to stop the anti inflammatory? You've treated the acute gout attack with colchicine, you've added the allopurinol, they seem stable after a certain period of time. When do you just leave them on the allopurinol?

Dr. Ehrlich
I would probably go about six months with the colchicine. Again, you're going to be titrating that allopurinol up to try and drive the uric acid level down. You can go up to about 900 milligrams a day, if you need to, on the allopurinol. And so, if I'm constantly escalating that, then there's still a risk for aggravating the potential for gout. You have to balance, "Have you achieved your target urate-lowering therapy or not?"

Dr. Domino

Great. Alright. So to summarize, patients with recurring gout, put them on some form of an anti-inflammatory, add a urate-lowering therapy at the same time, keep them on it for a good period of time, while you gradually increase the dose of the urate-lowering therapy, have them watch their diet, keep well hydrated, and have close follow up, especially on their renal function. Any other thoughts?

Dr. Ehrlich

Yeah, the one thing I would say is, if you have someone with no additional risk factors, you're not really sure why they had that first attack, you can wait on the urate-lowering therapy, until they have a second attack. If it's less than two attacks in a year, then it's not clear that they have to be on urate-lowering therapy. And again, this is an opportunity for shared decision making. Some people will say, "I don't want to ever have that pain again," and there are a lot of other people, who don't want to take a pill every day to prevent a problem that only happens once in awhile.

Dr. Domino

Once in a while. Well, thank you Alan. That was terrific and it's certainly changed my practice. With me today, was Dr. Alan Ehrlich, and we talked about changing our practice parameters concerning recurring gout. Next week, please join us again on Frankly Speaking, where we'll be talking about the best care for the management of acute, subacute, and chronic low back pain.