Unanswered questions Gout webinar 15 June 2022 with answers by Professor Nicola Dalbeth

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| Question | Answer |
| what are the recommendations re draining tophi collections??? | We do not recommend draining these. If they are discharging, they should be covered with a clean sterile dressing. Occasionally surgical management is appropriate, but usually the best treatment is getting the serum urate down (to below 0.30mmol/L if severe tophi). This approach leads to dissolving of the crystals and gradual reduction in the tophi until they disappear completely. |
| How long does it usually take for allopurinol to bring down uric acid levels? | Allopurinol usually works within a few days, so the time needed to bring the uric acid level down depends on the uric acid level before starting allopurinol and the dose of allopurinol. Using the ‘start-low, go-slow’ approach, it usually takes 3-6 months to get the uric acid level to the target of below 0.36mmol/L. |
| What determines duration of prophylaxis (3 or 6 months) during allopurinol initiation? | In general, three months is the minimum time, but if the person is having a lot of gout attacks, six month is better.  For example a person who is symptom free at their three month review after starting allopurinol and whose uric acid level is well controlled can usually stop prophylaxis.  If the uric acid is not under control yet and the allopurinol is still being increased, or if they are still experiencing attacks, or have a lot of tophi, prophylaxis would be continued to 6 months. |
| Can you explain benefits in using empagliflozin in reduction of uric acid levels through urinary excretion and possible side effects? | Empagliflozin has a modest effect on lowering uric acid levels by increasing the clearance of uric acid through the kidney. However, this medication alone is not usually enough to achieve the uric acid level to target (less than 0.36mmol/L). Therefore, the uric acid should still be checked and allopurinol should be prescribed to get the uric acid to the target. |
| Any research with negatives for allopurinol? | When people first start allopurinol, there’s a small risk of an allergic reaction, so if a rash develops soon after starting allopurinol, this medication must be stopped.  If the person tolerates allopurinol in those first few months, it’s very safe to continue long-term. Studies have indicated that as well as controlling gout, being on allopurinol is associated with lower risk of cardiovascular disease and kidney disease in people with gout.  Gout attacks are also common in the first few months of starting treatment with allopurinol (and all medications that lower the uric acid level). Starting at a low dose and gradually increasing the dose but using prophylaxis can reduce this risk. |
| I'm sure I saw some research that said allopurinol should be prescribed at first attack. Is this correct? | Clinical guidelines currently recommend the initiation of allopurinol if the person has had 2 or more attacks within 12 months. That is why it is always useful to ask a person who presents with a first attack if they have had other painful joints in case there have been previous gout attacks which the person has treated with over-the-counter medicines.  Allopurinol can be prescribed after the first gout attack (and trials have shown that medications that reduce the uric acid reduce the risk of further attacks in this situation). However, many people may not have another gout attack for several years after their first attack, so it’s really a balance of the individual patient’s views about the potential benefits vs the commitment to taking a longterm medicine.  If the person has tophi, they should definitely be prescribed allopurinol (irrespective of their number of attacks). |
| How do NSAIDS/Colchicine in low doses work to prevent gout? | NSAIDs and colchicine reduce inflammation in response to the crystals. They don’t have any effect on the uric acid levels or the amount of crystals in the joint. |
| Am I right in saying that allopurinol is a xanthine oxidase inhibitor, reducing the production of u/acid (crystals) and therefor the body succeeds in reducing the crystals due to reduction in production e.g. XO does not break down the crystals | Yes you are correct. Allopurinol is a xanthine oxidase inhibitor and reduces the production of uric acid by the liver. This leads to a low uric acid level in the blood, which promotes the crystals to dissolve through a concentration gradient. The allopurinol does not act directly on the crystals. |
| Beside allopurinol does taking uric acid supplement help? | Unfortunately, no. There are no available supplements that have been shown to convincingly reduce uric acid levels or prevent gout attacks. |
| At what CrCl would you consider colchicine prophylaxis to be contraindicated? And would you use prednisone in these patients for prophylaxis? | I would be concerned about using colchicine if the eGFR is <45, and this should be discussed with a rheumatologist or other doctor. There’s not good trial data for prednisone as prophylaxis, but I occasionally use this if the person is having a lot of attacks and can’t take colchicine or NSAIDs. Obviously prednisone has a lot of other side effects (especially for people with metabolic syndrome), so I wouldn’t routinely recommend this. |
| Is screening appropriate? | I am assuming you are asking about screening for high uric acid levels (hyperuricemia) in people without gout. Although gout and high uric acid levels are common and important, the health benefits of screening are not yet convincing. We don’t currently recommend treating high uric acid levels for people who don’t have gout. However, it’s worth checking for tophi in those people with high uric acid levels, as this is an indication for starting allopurinol. |
| Any natural alternative instead of taking allopurinol? | Unfortunately, no. There are no available natural alternatives that have been shown to convincingly reduce uric acid levels. |
| With allopurinol treatment and serum UA levels drop to low 30's then do you titrate the dose down? | If the uric acid gets below 0.20mmol/L, I’ll pull back on the allopurinol dose. There’s no major benefit to this very low level of serum uric acid. |
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