Surrey Total Health

Your Health. Our Reputation.

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Edition 1

Monthly Educational Topic

Each month our newsletter will provide you with information from one of our clinicians on a topic we hope you will find useful and informative. The first topic this month is on Gout written by Edward Sames our Rheumatologist.

Welcome

Welcome to the new **Surrey Total Health** newsletter for our local GP's. **Surrey Total Health** are a consortium of clinicians working in the Surrey and outer London region to support GP practices with educational events, talks within your practice, materials and referrals for your self-paying and insurance patients.

Our aim is to ensure we can provide care for almost any condition. With some of the UK's leading clinicians at our disposal, we're almost certainly able to help you and your family. The practice areas we cover are wide and varied - from head to toe and from old to young.

Edward Sames

Rheumatology

Dr Edward Sames is a Consultant Rheumatologist and General Physician. He has trained throughout hospitals in the London, Surrey and Sussex area after obtaining his Degree in Medicine from Barts and The London Medical School.

As a Rheumatologist he is able to diagnose and manage a wide range of conditions including **Rheumatoid Arthritis, Osteoarthritis, Osteoporosis, Fibromyalgia, Polymyalgia Rheumatica, Gout, Psoriatic Arthritis, Ankylosing Spondylitis and rarer conditions such as Lupus and Vasculitis.**

Exclusive Event Invitation

We are delighted to invite you to attend Surrey Total Health's inaugural conference at the Hilton Cobham on Tuesday, 24th September 2019.
The conference is centred on **Acute vs Chronic Conditions in Primary Care** with an exciting programme of topics across a mixture of lectures and workshops.

To see the full agenda and to reserve your FREE place go to the Events section on our website and click on GP Conference.

www.surreytotalhealth.co.uk

GOUT

Gout is a common condition which is frequently misdiagnosed and managed suboptimally despite excellent available treatments. It remains the only **fully curable** form of inflammatory arthritis.

Risk Factors

The risk factors for gout associated with decreased excretion of uric acid include:

- Old age
- Male gender
- Menopausal status in females
- Renal impairment
- Diuretics
- Alcohol consumption
- Co-morbidities that comprise the metabolic syndrome

Topic continues...

Acute Management

Any joints affected should be rested and elevated where possible. Patients need to be educated to understand that **attacks need treating immediately** and that any urate lowering treatment (ULT) should be continued if they are already taking it. The first line medication for acute attacks include NSAID at maximum dose or colchicine in doses of 500 µg two to four times daily where there are no contraindications. In cases of monoarticular gout, joint aspiration and injection of a corticosteroid are highly effective and should be carried out if possible. Other medications include oral steroids (30-40mg for one week) or intramuscular depomedrone (120mg).

Long Term Management

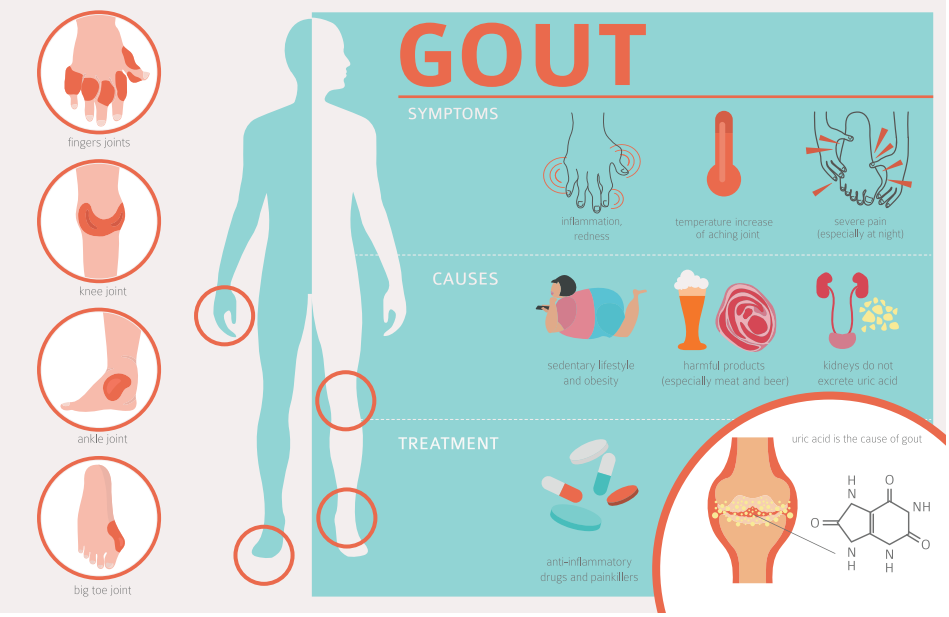
ULT should be discussed and offered to all patients who have a diagnosis of gout. This is best delayed until any acute inflammation has settled down.

Indications

The main indications for commencing ULT include two or more attacks a year, the presence of tophi, erosions seen on x-ray, young age, renal impairment or those on diuretics. The target level for uric acid in the blood is less than 300umol/L. Allopurinol is the recommended first-line ULT. It should be started at a low dose (50–100 mg daily) and subsequently increased by 100 mg every 4 weeks or so until the serum uric acid target has been achieved (maximum dose 900 mg). Febuxostat can be used as an alternative second-line xanthine oxidase inhibitor for patients who cannot be tolerate allopurinol. Colchicine 500micrograms once to twice daily should be considered as prophylaxis against acute attacks resulting from initiation or up-titration of any ULT and continued for up to 6 months.

Take Home Message

Given the large range of deleterious conditions and outcomes associated with gout it is vital that it is **recognised early and treated** optimally. Once the uric acid remains under control with ULT patients should remain gout free and have a significant improvement in their quality of life.



Questions

For a chance to win a £50 Amazon voucher answer these questions here - www.surreytotalhealth.co.uk/gout-competition

1) What is the target level for uric acid?
a. 280umol/L
b. 300umol/L
c. 340umol/L
d. 360umol/L
e. 400umol/L

2) When starting Urate lowering therapy, how long should prophylaxis with an NSAID or Colchicine go on for?
a. 6 weeks
b. 2 months
c. 4 months
d. 6 months
e. 9 months

3) Which one of the following is not an indication to commence ULT?
a. More than 2 attacks a year
b. Female gender
c. Presence of tophi
d. Erosions seen on Xray
e. Patients on diuretics

4) Which of these is a common side-effect of Allopurinol?
a. Deranged LFTs
b. Hypertension
c. Rash
d. Hypersensitivity
e. Peripheral neuropathy

5) How long after an attack should ULT be commenced?
a. Straight away
b. 2 weeks
c. 1 month
d. 3 months
e. 6 months

References

https://cks.nice.org.uk/gout

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