ACCOUNTABLE HEALTH PARTNERS
UR MEDICINE

Pharmacy Pearls

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Gout Management

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Review of Gout

What is gout?

- The presence of monosodium urate (MSU) crystals in synovial fluid obtained from joints or bursas
- Typically characterized by severe pain, redness, swelling, tenderness or warmth and disability

Gout Management

Relief of Acute Attacks		
Medication	**Common Dose (PO)**	**Medication Pearls**
Colchicine (Colcrys®)	***Prophylaxis***: 0.6 mg once or twice daily ***Treatment***: 1.2 mg at first sign of flare followed by 0.6mg after 1 hour	Use of low dose colchicine is recommended to limit AEs (nausea/vomiting/diarrhea). Avoid use with strong CYP3A4 or P-gp inhibitors.
Analgesics (NSAIDs)	**Indomethacin**: 50 mg TID until pain is tolerable then taper based on response; initiate within 24-48 hours of flare onset **Naproxen**: 750 mg once then 250 mg Q8h until acute attack resolves; initiate within 24-48 hours of flare onset	Consider alternative in those with peptic ulcer disease, uncontrolled CHF, HTN or known CVD
Corticosteroids	**Prednisone**: 0.5 mg/kg/day for 5-10 days then stop OR 0.5 mg/kg/day for 2-5 days followed by tapering over 7-10 days then stop	Consider alternative in those with history of uncontrolled DM, HTN, or CHF
Long-Term Urate Lowering Therapies		
Medication	**Common Dose (PO)**	**Medication Pearls**
Allopurinol (Zyloprim®)	***Initial***: 100 mg once daily; *Titrate in 100 mg increments every 2-4 weeks to achieve desired uric acid level*	Preferred first line therapy in all patients, including those with CKD stage ≥3
Febuxostat (Uloric®)	***Initial***: 40 mg once daily; *May increase to 80 mg once daily in patients who do not achieve uric acid <6 mg/dL after 2 weeks*	Avoid use in those with history of CVD or new CVD-related event
Probenecid	***Initial***: 250 mg twice daily for 1 week, followed by 500mg twice daily; *May increase dose by 500 mg every 4 weeks as tolerated to achieve symptom control*	Avoid use in patients with CKD stage ≥3 due to reduced efficacy

Prevention of Flares

1. Urate-lowering therapy should be initiated for gout with ≥1 subcutaneous tophi, evidence of radiographic damage or frequent gout flares (≥2 annually)
2. Concomitant anti-inflammatory therapy should be used short-term for up to 3-6 months, with ongoing evaluation and continued prophylaxis as needed
3. Counsel patients to avoid certain foods that increase risk of gout flares
   - Food and drinks containing high fructose corn syrup, fatty cuts of meat, high fat dairy products, shellfish, anchovies, sardines, alcoholic beverages

Concurrent Medication Therapy Recommendations:

- Switch hydrochlorothiazide to an alternative antihypertensive when feasible
- Choose losartan preferentially for hypertension when feasible

Goals of Treatment

- Treat-to-target to reduce uric acid level to **<6 mg/dl**
- Relieve pain and inflammation during acute attacks
- Prevent joint damage