

Got gout?

About 1 in 100 people in the UK has gout. In a typical attack, a joint becomes hot, swollen and excruciatingly painful. Yet, often, gout isn't taken seriously by other people that have no idea how distressing and disabling it can be. Medicines and changes to lifestyle can help. But decisions about treatment and how to prevent further attacks can be tricky.

This issue of *Treatment Notes* explains what gout is. It also includes information you may find useful when considering treatment.

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What's gout?

Gout is a type of arthritis, a term which means a joint is inflamed. In gout, the inflammation happens because tiny crystals of a substance called urate collect within a joint. These crystals are produced from a chemical known as uric acid. They are more likely to form if there's a high level of uric acid in the body. The box, right, explains more about this.

It's not clear why some people with high uric acid levels get gout but others don't. In some cases, it's an inherited problem.

Attacks of gout

During an attack of gout, the urate crystals cause the joint to become hot, swollen and incredibly painful. Also, the skin over the joint may become shiny and start to peel. Some people also feel tired, have a slight temperature and lose their appetite.

It's thought that, in susceptible people, certain things can trigger an attack – for example, illness. In general, attacks come on over a few hours. Without treatment, they tend to clear up within a couple of weeks. But further attacks may occur. And repeated attacks of gout can damage the joint.

Gout most often affects the joint at the base of the big toe (see picture). But 4 in 10 of those affected get gout elsewhere, such as the knee, instep, ankle, wrist or finger. The very first attack usually affects only one joint. People who get their first attack when they're over 60 are more likely to have several joints affected. They are also more likely to have



About uric acid

Uric acid is a waste product formed by the body's natural breakdown of purines (chemicals found in all cells of the body).

Things that can raise uric acid levels include:

- being very overweight
- drinking a lot of alcohol
- having high blood pressure
- eating a lot of food rich in purines. The box on page 5 lists examples of such foods.
- taking certain medicines, such as diuretics (water tablets) or low-dose aspirin.

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gout in a joint other than the big toe, and their pain may be less severe than is typical with gout.

In people who've had gout for a long time, urate crystals may form visible lumps (called tophi) below the skin on areas such as the knuckles, elbows and heels.

Do you have gout?

It can be hard for doctors to be sure whether joint pain is due to gout. Another possible cause can be, for example, a joint infection. That's why if your joint becomes very painful and swollen, it's sensible to see your GP straight away.

The doctor will want you to describe your symptoms and how long you've had them. He or she will also examine the painful joint. A blood test can be done to measure your uric acid level. But this might not be helpful because most people who have a high uric acid level don't get gout. And a normal level doesn't necessarily rule out gout.

Sometimes, a GP needs to refer a patient to a specialist to help decide what's causing the symptoms. The only way for the specialist to be absolutely sure that it's gout is to remove some fluid from the affected joint and look at this under a microscope to see if it contains urate crystals.

Treating an attack of gout

If your doctor confirms you have gout, he or she can give you advice on what can be done and will probably prescribe you medicines to take during the attack. These should be started as soon as possible after the pain starts. So, if you keep having attacks, it's sensible to keep a supply of the medicines handy. You may then be able to manage any further attacks yourself. But if you find that the attacks are very frequent, getting worse, or difficult to cope with, it's worth going back to your GP for help.

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NSAIDs

For most people, the best medicine for an attack of gout is a 'non-steroidal anti-inflammatory drug' (NSAID). There are lots of NSAIDs, but there's no proof to say which is the best for gout. Diclofenac, ibuprofen, indometacin or naproxen are the ones often used. There's also a newer NSAID called etoricoxib. But this hasn't been shown to be any better or cause fewer serious side-effects than the older ones.

All NSAIDs can irritate the stomach lining, especially at the high doses sometimes used for gout. In some people, they can cause ulcers or bleeding in the stomach. You shouldn't take an NSAID if you've ever had troublesome side-effects from them in the past, if you have a stomach ulcer or you are taking warfarin. You may also need to avoid NSAIDs if you have a medical problem such as high blood pressure, heart failure or kidney disease.

Colchicine

Another medicine, colchicine, might be an option for people who can't take NSAIDs. But, although colchicine reduces gout pain, it often causes vomiting or diarrhoea. It's possible that taking colchicine less often – for example, every 8 hours instead of every 2–3 hours – may be just as effective without upsetting the stomach. More research is needed to confirm the best way to use colchicine.

What else might help?

For some, other painkillers or steroid medicines are used to treat gout – the box, right, explains more about these.

Putting an ice pack on the affected joint for 30 minutes four times a day adds to the pain-relieving effects of medicines for gout. The ice pack, or a bag of frozen peas, should be wrapped in a cloth. It's important to take care that the skin does not get too cold (for example, by removing the ice pack if the skin goes very pale).

Other medicines

Steroids are sometimes used to try to ease gout symptoms. The technical name for such medicines is 'corticosteroids' – they're not the 'anabolic steroids' used by some body builders and athletes. Steroids can be taken as tablets or be given as an injection into a muscle or the affected joint. More research is needed to find out how well steroids work for gout and how best to use them.

Other medicines that can be tried include the painkillers paracetamol and codeine. These may be taken on their own or at the same time as an NSAID or other treatments.

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It's also worth keeping the affected joint raised when you can – for instance, when sitting, put your feet up. In bed, it may help to use a cardboard box to keep the bedclothes lifted off an affected joint.

Keeping gout in check

There are steps you can take to lower your uric acid level to try and prevent gout. Your doctor will be able to discuss the pros and cons of the following options with you, and help you decide what's best for you.

Self-help

Changes to lifestyle are often suggested as ways of reducing the risk of gout. But, of course, they're easier said than done.

If you're overweight, losing weight through healthy eating and regular physical activity is important. Research shows that losing weight may lower your level of uric acid and so possibly reduce how often gout attacks happen. And that's on top of all the other health benefits.

If you drink a lot of alcohol, you should also consider cutting down or stopping altogether. Research suggests that drinking a lot of beer or spirits increases the likelihood of getting gout. However, wine doesn't seem to have the same effect. Traditional advice has been to limit drinking fortified wine, such as port, but there's no research to say whether this helps or not.

Eating food high in purines is known to increase uric acid levels. And people that eat the most meat or seafood do seem to be the most likely to get gout. But eating less purine-rich food hasn't been proven to reduce the chance of further attacks of gout. And to cut all these foods out of your diet could be very difficult. However, it might be worth you cutting down on purine-rich foods if you can – the box, right, lists examples of these.

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Food, alcohol and purines

Foods rich in purines include:

- meat, particularly red meat and offal, such as liver and kidneys
- game (e.g. pheasant, rabbit)
- shellfish and seafood (especially mussels, herrings, sardines) and fish roe
- peas, beans and lentils
- yeast and yeast extract (e.g. Marmite)
- oatmeal
- spinach
- asparagus
- cauliflower
- mushrooms
- beer and spirits.

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Medicines to prevent gout?

There are medicines available for trying to prevent gout. There's actually been no research to say for sure that they prevent attacks. However, they do reduce uric acid levels and so are thought to make attacks less likely. You may need to stay on such a medicine for the rest of your life.

You and your doctor should weigh up the pros and cons of you taking such treatment if:

- you have more than two attacks of gout a year
- your gout is very severe
- you have medical problems that mean you can't take the usual medicines to treat a gout attack.

The medicine most often recommended to prevent gout is allopurinol. This reduces the amount of uric acid your body produces. It shouldn't be started during an attack of gout. Allopurinol is started at a low dose. The dose is then gradually increased until blood tests show that uric acid levels are down to normal.

Unfortunately, starting any medicine to prevent gout can itself trigger a gout attack. For this reason, you would also need to take an NSAID or colchicine at the same time for at least the first 3 months.

Find out more

Your doctor can give you more advice about things covered in this leaflet. You may also wish to try:

UK Gout Society www.ukgoutsociety.org

Arthritis Care www.arthritiscare.org.uk

Arthritis Research Campaign www.arc.org.uk

NHS Direct www.nhsdirect.nhs.uk ☎ 0845 46 47

There's also another leaflet in the *Treatment Notes* series called [When and how to lose weight](#).



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