

Drugs for gout



Comparison of oral prednisolone/paracetamol and oral indomethacin/paracetamol combination therapy in acute gout

Indomethacin 50 mg TID

Prednisolone 30 mg

Both could use PRN
paracetamol

Equally effective with fewer
adverse effects

Adverse Effects	Indomethacin (N=46)	Prednisolone (N=44)	P Value
Any adverse event, No. (%)	29 (63)	12 (27)	.0007
Epigastric pain, of No. (%)	14 (30)	0 (0)	<.0001
Other abdominal pain, No. (%)	3 (7)	0 (0)	.09
Rash, No. (%)	1 (2)	3 (7)	.25
Dizziness, No. (%)	9 (19)	2 (5)	.03
Drowsiness, No. (%)	9 (19)	7 (16)	.79
Dry mouth, No. (%)	11 (24)	9 (20)	.83
Indigestion, No. (%)	14 (30)	4 (9)	.02
Nausea, No. (%)	12 (26)	3 (9)	.02
Vomiting, No. (%)	4 (9)	0	.05
Diarrhea, No. (%)	3 (7)	0	.09
Serious adverse effects requiring admission, No. (%)	7 (15)	0	.007
Gastrointestinal hemorrhage, No. (%)	5 (11)	0	<.05
Shortness of breath, No. (%)	1 (2)	0	.98
Chest pain, No. (%)	1 (2)	0	.98

*Percentages may not sum to 100, because of rounding.

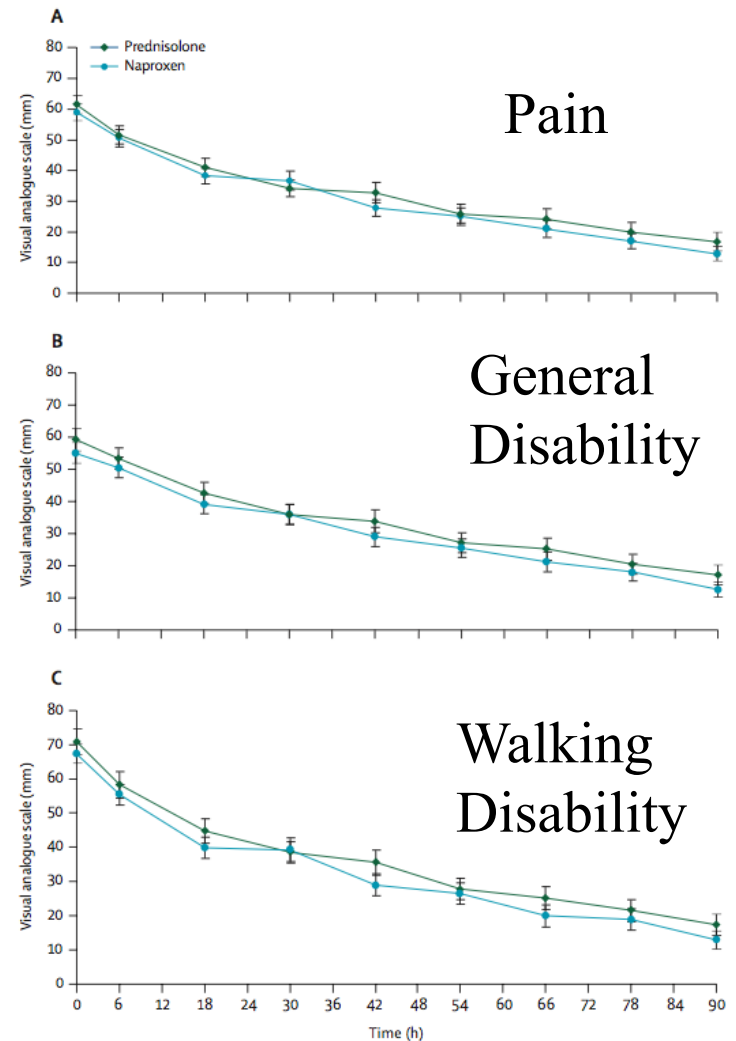
Ann Emerg Med 2007;49:670-7

Use of oral prednisolone or naproxen for the treatment of gout arthritis: a double-blind, randomized equivalence trial

120 patients with acute gout
35 mg prednisolone daily or
500 mg naproxen BID for 5 days

No difference in adverse effects

Lancet 2008;371:1854–60



Colchicine for acute gout

“Colchicine is an effective treatment for the reduction of pain and clinical symptoms in patients experiencing acute attacks of gout, although in the regimen studied its low benefit to toxicity ratio limits its usefulness. It should be used as a second line therapy when NSAIDs or corticosteroids are contraindicated or ineffective. More evidence is needed to compare the efficacy of colchicine to that of NSAIDs or corticosteroids, the current first line therapy for acute gout.” CD006190

Colchicine dosing

THE WRONG WAY

“Colchicine should be taken at an initial dose of 1.2mg followed by 1 tablet every 2 hours until the gouty pain is relieved, gastrointestinal symptoms develop, or the maximum dose (6mg) is reached.

THE RIGHT WAY

“Colchicine should be taken at an initial dose of 1.2mg followed by 1 tablet (0.6mg) 1 hour later”

Colchicine for gout

184 patients with an acute gout flare

placebo vs low dose (1.8 mg total over 1 hour) vs
high dose (4.8 mg over 6 hours)

	50% ↓ in pain at 24h	Diarrhea (%)	Severe diarrhea (%)	Nausea
Placebo	9	14	0	5
Low dose	38	23	0	4
High dose	33	77	19	17

Arth Rheum 2010;62:1060-8

Febuxostat/allopurinol

52 weeks - 760 patients - age 52, BMI 33, male 96%

	Gout flares (%)	Serum urate <6mg/ dL (%)
Febuxostat 80 mg	22	74
Febuxostat 160 mg	36	80
Allopurinol 300 mg	21	36

NEJM 2005;353:2450-61

J Rheumatol 2009;36;1273-1282 - similar results

Gout tips

Asymptomatic hyperuricemia should not be treated

A diagnosis of gout should be made with joint aspiration not an elevated serum uric acid

Aim for a serum uric acid of less than 360

To reduce the chance of mobilization gout add in low dose NSAIDs or colchicine or prednisone for the first few months of allopurinol therapy