**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

**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

**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

<table>
<thead>
<tr>
<th>Placebo</th>
<th>Low dose</th>
<th>High dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>38</td>
<td>33</td>
</tr>
<tr>
<td>14</td>
<td>23</td>
<td>77</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>17</td>
</tr>
</tbody>
</table>

50% ↓ in pain at 24h  Diarrhea (%)  Severe diarrhea (%)  Nausea

**Ann Emerg Med 2007;49:670-7**

**Lancet 2008;371:1854–60**

**Arth Rheum 2010;62:1060-8**
### Febuxostat/allopurinol

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

<table>
<thead>
<tr>
<th></th>
<th>Gout flares (%)</th>
<th>Serum urate &lt;6mg/dL (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Febuxostat 80 mg</td>
<td>22</td>
<td>74</td>
</tr>
<tr>
<td>Febuxostat 160 mg</td>
<td>36</td>
<td>80</td>
</tr>
<tr>
<td>Allopurinol 300 mg</td>
<td>21</td>
<td>36</td>
</tr>
</tbody>
</table>

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