Luton & Dunstable University Hospital Algorithm for acute management of Gout

Adapted from ‘2016 updated EULAR evidence-based recommendations for the management of gout’.

Treat as early as possible

- Education about the disease
- Individualised lifestyle advice
- Screening for comorbidities and current medications

Therapeutic options

Depending on:
- the severity,
- the number of affected joints and
- duration of attack

Colchicine
- 0.5mg twice daily

NSAID
- Classic or coxibs + PPI if appropriate e.g. Naproxen or celecoxib

Prednisolone
- 30-35 mg/d for 5 days

IA Injections of Corticosteroid
- e.g. Depo-Medrone (methylprednisolone)
  - 80mg large joint or 40mg small joint

Combination therapy
- Colchicine + NSAID or corticosteroids

Contraindications to
- Colchicine,
- NSAIDs and
- Corticosteroids (oral and injectable)

Consider tetracosactide depot 1mg stat

Resolution of flare

Educate to self-medicate

Consider initiation of ULT (together with flare prophylaxis)

Severe renal Impairment (GFR <30 ml/min)

Presence of strong CYP3A4 or P-glycoprotein inhibitors such as ciclosporin, clarithromycin, verapamil, ritonavir and ketoconazole

Avoid colchicine and NSAIDs

Avoid colchicine as more risk of serious side effects

NSAID; non-steroidal anti-inflammatory drug, PPI; proton pump inhibitor, ULT; urate lowering therapy
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References


